

☒ Please staple documentation or receipts at the ☒ to the back of this form along the long edge.



UUCA Payment Request

Request Date	_____	Event Date	_____	Due Date	_____
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Requestor Name _____

Payment Type

Check one:

- Check Request
- Invoice Payment
- 1099 Payment
- Employee Payment
- Reimburse Individual

Payee Information

Payee Name _____

Attention _____

Address _____

City/State/ZIP _____

Expenditure Description

Program _____

Reason for Payment _____

Amount

\$ _____

GL Account _____

Payment Information

Memo Line _____

Special Instructions _____

Approvals

Congregant Account Owner

Signature _____

Date _____

UUCA Staff Name

Signature _____

Date _____

All requests above \$1,000.00 must be approved by the UUCA Senior Minister.

UUCA Senior Minister

Rev. Anthony Makar _____

Signature _____

Date _____

UUCA Office Administrator

Travis D. Vaughn III _____

Signature _____

Date _____

Payment Information (UUCA Office use only)

ACH/Check Number

ACH File Submission/Check Date

ACH File Settlement/Mail Date/Other