PRINT OR COPY THIS FORM BEFORE USE

First Unitarian Church of Orlando

1901 East Robinson Street, Orlando, FL 32803; 407-898-3621

Expense Payment/Transfer Authorization Form

The following item(s) or service(s): _____

will be/were supplied by: _____

Amount requested for payment: $_____

Amount remaining in your budget after this request: $_____

[Account Contact can verify the amount in their budget online here or use the QR code on the right]

Please complete this request by [date]: _____

Authorized by Account Contact	***Chief of Staff's Signature Required if Over Budget***
Print name:	Print name:
Signature:	Signature:

Payment/Transfer Authorization

Pay or Transfer amount to: _____

Address: _____

City: _____State: _____ ZIP: _____

Telephone: _____ Contact: _____

The amount of $_____ is authorized for the items/services described above.

Charge amount to: _____

Name of Your Budget Line or Separate Account

NOTE: You must attach evidence of payment or invoice.

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For transfers from one church account to another, the ***Account Contact for the account the funds are transferred from*** *must sign in this section:*

Transfer Authorized by: _____ Signature: _____

Date: _____

Form revised May 2023