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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: \$	
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 Budge NOTE: You must attach evidence of payme	et Line or Separate Account ent or invoice.
	r, the Account Contact for the account the funds are
Transfer Authorized by:	Signature:
Date:	Form revised May 2023