

**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]: \_\_\_\_\_

<b>Authorized by Account Contact</b>	<b>Chief of Staff's Signature Required if Over Budget</b>
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*