

First Unitarian Church Funds Payment Authorization



1 I authorize payment:

(✓) ___ of the attached invoice (using the payee name and address from the invoice),

OR ___ Pay to: _____

Address: _____
(If needed)

2 Check distribution:

(✓) ___ Mail to payee ___ Put in my church mailbox ___ Mail it to me ___ Call me when ready

Office Administrator Complete:

___ Other: _____ Distribution Notes: _____

3 Account Information (if you don't know the account number just leave it blank)

Account Amount For: (describe purpose or use of funds)

Account	Amount	For: (describe purpose or use of funds)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Check Total

Some Common Account Numbers

- | | |
|---------------------------------------|-----------------------------------|
| 574 Sack lunch program | 831 Office ex penses and supplies |
| 576 YRUU | 833 Postage |
| 579 OUUT | 834 Printing |
| 584 Bookstore | 841 RE misc expenses |
| 585 Women's Alliance | 843 Child care |
| 586 Fellowship & Activities | 844 RE curriculum |
| 587 Change for Change | 862 Membership Committee |
| 588 Caring Committee | 864 Adult RE Committee |
| 811 Maintenance | 866 Archives Committee |
| 813 Music programs, supplies and exps | 867 Social Justice Committee |
| 821 Summer service expense | 875 Choir |
| 824 Board Discretionary | 885 Housekeeping supplies |
| 825 Regular service expense | |

5 Important - Attach your invoices, receipts, or other documentation to the back of this form.

6 Authorization

Signed _____ Title _____ Date _____

Instructions:

1. Please complete all six sections.
2. Put routine authorizations in the Office Administrator's church mailbox or mail to the church office. Checks are prepared weekly and authorizations received in the church office by Friday normally result in a check being available in the church office on Monday morning. If you need a payment made right away, call or email the Church Treasurer.
3. Church Officers, Committee Chairs, the Minister, DRE, and Office Administrator may authorize disbursements for expenses associated with their responsibilities.



Treasurer Complete: Check Issued Date: _____ Number: _____