

UNITARIAN UNIVERSALIST CHURCH OF PALO ALTO

REQUEST FOR PAYMENT / IN-KIND DONATION

TODAY'S DATE _____

AMOUNT _____

TO WHOM PAYABLE

Name (_____) _____
Phone

Address

City State ZIP

CHARGE TO

Name of Committee or Budget Line Item Number

APPROVED BY

Signature of Committee Chair or Treasurer

ITEMS OR SERVICES COVERED _____

THIS IS AN IN-KIND DONATION NOT A REQUEST FOR PAYMENT
(It will be automatically included in your year end tax letter)

MAIL AS SOON AS POSSIBLE

LEAVE IN CHURCH OFFICE

LEAVE IN CHOIR ROOM

*(If you do not have a folder or mailbox in the office,
checks will be left in mailbox "Church Office Pickup")*

For Office Use: BILL NO. _____

PLEASE STAPLE RECEIPTS AND/OR BILL TO BACK OF FORM