

**Unitarian Universalist Church of Portsmouth  
Request for Payment/Reimbursement**

Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Requested by: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee/Reason: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Description and Cost  
Item

Cost


Please attach receipts.

For Office Use  
Authorized by:

Date: