



STORRS
CONGREGATIONAL
CHURCH
UNITED CHURCH
OF CHRIST

PAYMENT REQUEST FORM

TO: _____ OFFICE ADMINISTRATOR _____ DATE: _____

FROM: _____
Committee(s) _____ Name of Person Submitting Request

MAKE CHECK PAYABLE TO _____

TOTAL AMOUNT PAYABLE \$ _____

Explanation/Description of Services: _____

<u>Account Information</u> <i>(required for payment)</i>		<u>Chairperson or</u> <u>Authorized Signer</u> <i>(sign below)</i>	
<u>Number</u>	<u>Name</u>	<u>Amount</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Off Budget ☐ Yes ☐ No

Attach any receipts or bills on back.

Sales Tax Charged \$ _____

Explanation why sales tax charged: _____

Notes: