

**Request for Payment**

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

Payee: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Company name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email/website: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason: \_\_\_\_\_

Committee/Program: \_\_\_\_\_

Requestor's signature \_\_\_\_\_

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

Please attach invoices or receipts totaling the amount requested.

**Remember that Goose Creek Friends Meeting is a 501(c)3 tax exempt organization.**

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For Treasurer's Use:

Received: \_\_\_\_\_

Paid: \_\_\_\_\_

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

Confirmation Number: \_\_\_\_\_

Treasurer's Signature \_\_\_\_\_

Date signed \_\_\_\_\_