**Wellesley Friends Meeting**

**Disbursement Request**

Date of request:

Amount requested:

Invoice or receipt date (attach copy if possible)

Account name (committee or project):

Description of the expense items:

Submitted by: Pay to (*name and address):*

**Authorizing Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(clerk of committee for whom the request is being made

**For Treasurer use**

Date paid

Check number

Account number