

NH Conference UCC Payment Request Form For Ministries and Mission Groups

Use this form to request payment or reimbursement of programmatic expenses no more than 30 days following an expenditure. See the NHCUCC Purchasing Policy for additional information:

http://www.nhcucc.org/Documents/Policies/Conference_Purchasing_Policy_ADOPTED_06-14-2014.pdf

Attach any related receipts and other documentation.

Mission Group Name	Ministry Name

Date of invoice or request: _____ Amount requested: \$ _____

Payee: _____

Mailing Address: _____

Reason for Payment: _____

If the expense is to be taken all or in part from restricted funds specify the source and amount:

Restricted Source	\$ Amount

 Requested by
 Signature of Mission Group Member

 Approved by
 Signature of Ministry Chairperson

 Reviewed by
 Signature of Conference Minister

For accounting use only

Fund	Account #	Account Name	\$ Amount
<u>Check Box</u>			
Operating			
Restricted			
MRF			

Total _____