

Minneapolis Friends Meeting

Request for Payment

Please complete items that apply to your request and attach receipts, if any. Thank you!

1. Name (on check) _____ Date submitted _____
2. Address (to send check to) _____
3. Budget category # ___ Line item _____ Committee clerk's OK _____
4. Payment/reimbursement for: _____
5. Total amount of check \$ _____ Hourly rate \$ _____ Total hours _____

Date	# of hours		Date	# of hours		Treasurer's use	
						Check #	
						Amount	
						Date Paid	

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