

New England Yearly Meeting of Friends Disbursement Request

Mail completed request to

New England Yearly Meeting
Accounts Manager
901 Pleasant St
Worcester, MA 01602

date of request: _____

amount requested: _____

invoice or receipt date: _____

***Please be sure to photocopy
or attach all relevant receipts
on or to the reverse of this form.***

From: *name and address:*

Account name: _____
(Specify committee or project)

Account number: _____ (if known) class number: _____ (if known)

Pay To: _____ if different than payee,
send to: _____

Address: _____

Description of the expense items: _____

Authorizing Signature: _____ **Phone:** _____
(clerks of committees for whom the request is being made)

