

# 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)

