

Request for Reimbursement / Payment Twin Cities Friends Meeting
Attention: TCFM Treasurer
1725 Grand Ave
St Paul MN 55105

Committee Name: _____ Date: _____

Amount Requested: Requested by: _____

This is a reimbursement for (specify service, item(s) purchased, etc.):

Please pay: _____ Phone: _____

Address: _____

Check to be mailed to: ___ Payee, or ___ Other: _____

Email (if you use email): _____

Signature of Committee Clerk: _____

Friends are requested to attach receipts, packing slips, invoices, statements, &/or bills to this form. These are needed for bookkeeping purposes.

Submit this form to the Treasurers' mailbox at TCFM, in the donations box, or mail to TCFM Treasurer, as above.

Please allow two weeks for your item to be processed (paid or deposited).

Requests for payment and bills for services can be left in the treasurer's box at the meeting house, the donations box, or mailed to TCFM Treasurer, as above.

If your request doesn't involve a receipt or other physical paper, you may be able to email it to the Treasurer. Please consult the TCFM Directory for the Treasurer's email address.