

BUDGET CODES	
5000 · NEYM,CVQM,ICM	
	5100 · NE Yearly Mtg (NEYM)
	5150 · NEYM Rep to sessions
	5200 · CT Valley Quart'ly Mtg Assessmt
	5300 · ICM- Interfaith Cooperative Min
6000 · Peace and Social Outreach	
	6100 · Friends Orgs
	6103 · Friends General Conference
	6105 · Right Sharing of World Resource
	6106 · Woolman Hill
	6107 · FCNL
	6200 · Individual Leadings
	6210 · Uncommitted Funds
	6220 · Clout Cares;Kasavai,Kenya Widow
	6300 · Program expenses
7000 · Meeting Operations Expenses	
	7100 · Accounting Services
	7200 · Mailings
	7300 · Postage
	7400 · Subscription
	7500 · Literature
	7600 · Office Supplies
	7700 · Copying
	7800 · Bank Svc Chg
8000 · Committee Expenses	
	8100 · Advertising
	8200 · Adult Study
	8300 · Library
	8400 · Fellowship
	8500 · First Day School
	8502 · Teachers
	8500 · First Day School - Other
	8600 · Min. & Counsel
	8700 · Friendly Dev.
9000 · Property	
	9100 · Building Sub-Committee
	9200 · Little House
	9250 · Maintenance
	9260 · Utilities
	9300 · Insurance
	9400 · Maint.-Lawn
	9500 · Maintenance
	9510 · Supplies
	9520 · Other Maintenance
	9600 · Snow Removal
	9610 · Snow Removal Bills
	9700 · P.I.L.O.T.
	9800 · Security
	9900 · Utilities; Water,Gas, Electric
	9910 · Other Utilities - Gross
	9950 · Capital Expenses

## New Haven Monthly Meeting

Disbursement form for the purpose of:

- A. Reimbursement,
- B. Childcare payment or
- C. Request for payment to a third party

Please fill out this form completely and send form and attached documentation to:

**Treasurer**  
**225 East Grand Avenue**  
**New Haven, CT 06513**

<u>Date</u>	
<u>Person requesting disbursement</u>	
Daytime phone of requestor: _____	
Evening phone of requestor: _____	
The following committee clerk has authorized expenditure from the <b>Budget Code circled in the left column.</b> Committee's name: _____	
Clerk: _____	
<b>A</b>	<b>Total reimbursement amount:</b> \$ _____  <b>Purpose</b> of purchase(s):  <b>(receipts MUST be attached)</b>
<b>B</b>	Childcare payment: Days worked: _____  Hours worked: _____
<b>C</b>	Request for <b>payment to a third party:</b>  <b>Purpose</b> of payment(s):  <b>Disbursed/billed Total:</b> \$ _____ <b>(quote or invoice MUST be attached for bills)</b>
<b>Person or agency to be named on check:</b>	
Mail check to: _____	
Street _____:	
City: _____	
State: _____ Zip: _____	

For Treasurer's Use only: NHMM Check # \_\_\_\_\_

Date of payment: \_\_\_\_\_