**Des Moines Valley Friends Donation/Reimbursement/ Payment Request**

**Committee Requesting Funds**:Click or tap here to enter text.

**Recipient of Requested Funds**:Click or tap here to enter text.

**Date of Request**: Click or tap here to enter text.

**Amount Requested**: Click or tap here to enter text.

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| **Recipient of Donation/Reimbursement/Payment**: Click or tap here to enter text. |
| **Address**: Click or tap here to enter text. |
| **Phone Number**: Click or tap here to enter text. |
| **Is Recipient a 501c(3)?** Click or tap here to enter text. |

**Other Information:**

Click or tap here to enter text.

***If you are seeking reimbursement or payment of an invoice***

***you must provide the receipt or invoice.***

**Please return this form to the treasurer when complete by email (for the fastest response) to** [**treasurer@desmoinesvalleyfriends.org**](mailto:treasurer@desmoinesvalleyfriends.org)**, mail, or dropping off at the meetinghouse.**

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