

REQUEST FOR REIMBURSEMENT

Budget Line to be charged

ITEM OR MATERIAL PURCHASED _____

DATE: _____

AMOUNT SPENT \$ _____

Comments:

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Maintenance Supplies | <input type="checkbox"/> Parsonage |

Attach receipts and return to the Treasurer

- | | |
|---|---|
| <input type="checkbox"/> Ritual | <input type="checkbox"/> Funds (please specify) |
| <input type="checkbox"/> Rabbi's Discretionary Fund | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Fund Raising (specify event) |

Name

Address

Phone