



EXPENSE REIMBURSEMENT REQUEST FORM

Name:	Date:
Address:	Phone:
City/State/Zip:	Email:
Please make check payable to:	

Expense Details:

Date of Expense	Explanation/Description of Expense	Program or Event	Account/Class Treasurer Use Only	Amount
Subtotal				\$
Less Advance Payment, if any				\$ ()
Total Reimbursement Amount				\$

Member Signature: _____ Date: _____

Approved By: _____ Date: _____

Check one to elect to make this expense a contribution/donation to Temple Israel Sisterhood:

- I would like to contribute the total amount to Temple Israel Sisterhood
- I would like to contribute \$_____ to Temple Israel Sisterhood

An acknowledgement letter will be sent if your donation is over \$250.

Please attach original receipts and submit form within 30 days of expense to Treasurer:
 Randa Feldman, 6651 Cottonwood Knoll Ct., West Bloomfield, MI 48322 or email: randasisterhood@yahoo.com

<i>Internal Use Only</i>				
Date Paid: _____	Check No. _____	Amount \$ _____	Account: _____	Class: _____