



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 |
|-------------------------------------|------------------------------------|------------------|-------------------------------------|-------------------|
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| | | | | |
| | | | | |
| | | | | |
| 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:
 Nayda Schwartz, 30401 Sunderland, Farmington Hills, MI 48331 or email: NaydaTISisterhood@gmail.com

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