

Congregation B'nai Shalom Check Request Form

(Revised 11/7/2016)

Request Date: _____

Reimbursement
Amount \$

Reimbursement Name: _____

Put in CBS Mailbox

Address: _____

Send via mail

Reason for Reimbursement:

Please list receipt(s):

Date	Vendor	Description	Charge to:	Amount
TOTAL				

Please note:

- You must enclose all receipts or invoices, or explanation why those receipts are not available.
- Your signature below confirms that you have purchased these goods or services on behalf of the congregation.
- Any single disbursement from any of the Temporarily Restricted Funds (TRF) in the amount of \$2,500 or greater must first be approved by the Board of Directors. Other TRF disbursements require confirmation that sufficient funds are in the specific TRF.

Requested by

Signature

Name

(if different from person being reimbursed)

Authorized by:

Signature

Position