**REIMBURSEMENT/CHECK REQUEST FORM**

***Requests Must Be Accompanied by Supporting Documentation (Receipts/Invoices)***

***[ ]* Reimbursement Request *[ ]*  Vendor Payment/Check Request *[ ]*  Debit Card Payment**

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| PROGRAM NAME:       |
| PROGRAM DATE:       | AMOUNT: $      |
| EXPENSE DETAILS (REASON FOR CHECK/PAYMENT):      |
| SUBMITTED BY (NAME):        | DATE SUBMITTED:       |
| YOUR PHONE:       | YOUR EMAIL:       |
| PAYMENT MAILING INFORMATION |
| CHECK PAYABLE TO:       | VENMO ACCOUNT:       |
| BUSINESS/RECIPIENT NAME:       |
| ADDRESS:       |
| CITY:       | STATE:       | ZIP:       |
| MEMO/SPECIAL REQUEST:       |
| * Submit requests within 2 weeks of expense.
* Email form and receipts/invoices to Patti Cantor (pmcantor@optonline.net) or leave in the Sisterhood mailbox in the Barnert Temple office.
* Cash/deposit checks in a timely manner.
* Questions? Contact Patti Cantor, Sisterhood Treasurer, at pmcantor@optonline.net.
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