**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](mailto: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.](mailto:bpmcantor@optonline.net) | | |