



**ANSHEI CHESED CONGREGATION**

Expense reimbursement request

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Be sure to list expenses below along with the reason for the expense for accounting purposes. Please remember to attach all receipts to this form

Date	Description of Expense	Amount
<b>TOTAL</b>		



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