

# Reimbursement Form

Please attach *all receipts* to this form.

Scan and email receipts and forms  
to: [rachelp@havurahshalom.org](mailto:rachelp@havurahshalom.org)

**OR**

Send to:

Havurah Shalom  
Attn: Rachel Pollak  
825 NW 18th  
Portland, OR 97209

**Name of person being reimbursed:**

\_\_\_\_\_

**Address to send check:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Today's date:**

\_\_\_\_\_

## SAMPLE

| <u>Date Purchased</u> | <u>Items Purchased</u> | <u>Purpose</u> | <u>Vendor</u> | <u>Amount</u> | <u>Treasurer's Use</u> |
|-----------------------|------------------------|----------------|---------------|---------------|------------------------|
| 6/21/2017             | Plastic Silverware     | Dorot Picnic   | Fred Meyer    | \$12.98       | _____                  |

| <u>Date Purchased</u> | <u>Items Purchased</u> | <u>Purpose</u> | <u>Vendor</u> | <u>Amount</u> | <u>Treasurer's Use</u> |
|-----------------------|------------------------|----------------|---------------|---------------|------------------------|
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| _____                 | _____                  | _____          | _____         | _____         | _____                  |
| <b>TOTAL:</b>         |                        |                |               | _____         | _____                  |

**Treasurer Use: Paid Date** \_\_\_\_\_ **Check Number** \_\_\_\_\_