**TEMPLE BETH TORAH**

**REQUEST FOR REIMBURSEMENT**

This form is to request reimbursement for expenses incurred by an individual on behalf of Temple Beth Torah. It must be approved by **one** of the following Board members: President, Treasurer, Director of Operations before submitted for payment. The Board member will submit it to the office for payment.

Name of Person (please print) requesting reimbursement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested for reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of purchase(s) - brief description of program, service, activity, etc. and attach receipts

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Please list store(s) where item(s) were purchased

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Make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of requestor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and title of person approving the request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_