*Kol Haverim – FLCHJ*

*PO Box 4972*

*Ithaca, NY 14852-4972*

## EXPENSE / REIMBURSEMENT FORM

2016-2017

**Check payable to**:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_Zip \_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attach receipts for reimbursement)

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check ONE Expense Category ( use another form for a different expense category )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | High Holidays |  |  | Caring Committee |
|  | Hanukkah |  | Office |
|  | Other Holidays |  | Insurance |
|  | Passover |  | Marketing |
|  | Sunday School |  | P/O Box |
|  | B’nai Mitzvah |  | Web Hosting |
|  | Membership |  | Travel |
|  | Programs |  | Board |
|  | Miscellaneous |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Type of Expense** | **Amount** | **Note** |
| Art Supplies |  |  |
| Babysitting |  |  |
| Books |  |  |
| Ceremonial |  |  |
| Food & Party Supplies |  |  |
| Guests |  |  |
| Honoraria |  |  |
| Office Supplies |  |  |
| Print Services |  |  |
| Postal |  |  |
| Rent  |  |  |
| Miscellaneous |  |  |
| Storage |  |  |
| Total |  |  |

Comments:

**OFFICE USE ONLY**

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_