



Finger Lakes Community for Humanistic Judaism

*Kol Haverim – FLCHJ
PO Box 4972
Ithaca, NY 14852-4972*

EXPENSE / REIMBURSEMENT FORM 2017-18

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)

<input type="checkbox"/>	High Holidays	<input type="checkbox"/>	Caring Committee
<input type="checkbox"/>	Hanukkah	<input type="checkbox"/>	Office
<input type="checkbox"/>	Other Holidays	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Passover	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Youth Activities	<input type="checkbox"/>	P/O Box
<input type="checkbox"/>	B'nai Mitzvah	<input type="checkbox"/>	Web Hosting
<input type="checkbox"/>	Membership	<input type="checkbox"/>	Travel
<input type="checkbox"/>	Programs	<input type="checkbox"/>	Board
<input type="checkbox"/>	Community Dinners	<input type="checkbox"/>	Storage
<input type="checkbox"/>	Miscellaneous	<input type="checkbox"/>	

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

Comments:

OFFICE USE ONLY
Approved _____
Date _____
Check # _____