



Finger Lakes Community for Humanistic Judaism

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

EXPENSE / REIMBURSEMENT FORM 2020-2021

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 # _____