



Finger Lakes Community for Humanistic Judaism

*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)

| | | | |
|--------------------------|----------------|--------------------------|------------------|
| <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"/> | Sunday School | <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"/> | Miscellaneous | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <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 | | |
| Total | | |

Comments:

| |
|------------------------|
| OFFICE USE ONLY |
| Approved _____ |
| Date _____ |
| Check # _____ |