

TEMPLE BETH SHOLOM OF PASCACK VALLEY

REIMBURSEMENT FORM

YOUR NAME: _____ DATE SUBMITTED: _____

EVENT/PURPOSE/PROGRAM: _____

DATE OF EVENT: _____

COMMITTEE SPONSORING EVENT: _____

| DATE | PAYEE | DESCRIPTION OF EXPENSES | AMOUNT |
|------|-------|-------------------------|--------|
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TOTAL

(Use additional forms for more than 10 expenses and please submit a separate reimbursement form for each TBS event)

Committee Chair's Approval: _____

Date Approved: _____

All expenses should be submitted within 30 days

| | |
|----------------------------|----------------|
| FOR OFFICE USE ONLY | |
| Date Paid: _____ | Check #: _____ |
| Budgeted: _____ | |