Shaare Torah
Request for Reimbursement of Expenses

Name: _____ **Signature:** _____

Address: _____ **Date Submitted:** _____

_____ **Telephone:** ( ) _____

_____ **Email:** _____

Date	Vendor	Item	Purpose	Budget Account	Receipt (Y)	Amount
11/16/03	*Kosher Mart (EXAMPLE)*	*Food*	*Kiddush*	*Building Ops*	*Y*	*$50.00*
				Total:		

Committee\Department Head Approval: _____

Instructions: Fill out this form in the manner indicated in the above example and submit to the Financial Secretary for payment. "Budget Account" should indicate one of the following: "Administration," "Communications/Newsletter," "Membership," "Religious School," "Nursery School," "Ritual," or "Other." Receipts <u>must</u> be provided. Committee\Department head must approve all requests.

Shaare Torah is a tax exempt organization – reimbursement will not be provided for Maryland sales tax.

Reimbursement form with receipts may be faxed to* 301-869-9846*, or mailed to:
Judah Flum, c/o Shaare Torah, PO Box 83598, Gaithersburg, MD 20883

Revised July 2011