TEMPLE KOL AMI SISTERHOOD
Reimbursement Form

Payable To: _____ **Date:** _____

Address: _____
Street **City** **Zip Code**

Phone: ( ) _____ **Email:** _____

Attach receipts for expenses listed below:

Event Charged	Description	Cost
	TOTAL AMOUNT	$

Authorized by: _____ Approved by: _____
VP or Event Chair Co-President

Fill out in duplicate. Mail one copy to Sisterhood Treasurer along with orginal receipts. Keep one copy for your records.

For Treasurer's Use: Check # _____ ***Date*** _____ ***Amount $*** _____