



For office use only:

Check #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Reimbursement Request Form

Requested By \_\_\_\_\_ Date \_\_\_\_\_

Pay To \_\_\_\_\_

Payee Phone Number \_\_\_\_\_

Payee Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Reimbursement details		
Budget Category	Description	Amount
		\$
		\$
		\$
	<b>Total Amount</b>	\$

Check Department submitted to for approval:

ExecVP  Fundraising  Community  Membership  Programming  School/Youth  Torah Fund

Vice President Approval: \_\_\_\_\_

Once signed by the approving VP, submit this form for reimbursement by uploading it and all receipts. Allow 30 days for reimbursement.

Questions: Contact Sandy Somer at sandysomer@yahoo.com or 214-577-2764

**Please note: SISterhood has a tax exempt number. The SISterhood does not reimburse sales tax.**