TEMPLE BETH SHOLOM SISTERHOOD
Reimbursement Voucher

Payable To: _____ **Date:** _____

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

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

Attach receipts for expenses listed below:

Event Charged	Description	Cost
	TOTAL AMOUNT	**$**

Authorized by: _____
V.P. or Event Chair

Approved by: _____
President or Treasurer

Fill out in triplicate. Mail top two forms to Sisterhood Treasurer.
Save bottom sheet for your records.

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