

# TEMPLE BETH SHOLOM SISTERHOOD Reimbursement Form

Payable To: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Attach receipts for expenses listed below:

Event Charged	Description	Cost
<b>TOTAL AMOUNT</b>		<b>\$</b>

Authorized by: \_\_\_\_\_  
 V.P. or Event Chair

Approved by: \_\_\_\_\_  
 President or Treasurer

**Save a copy of this page for your records.**

<i>For Treasurer's Use: Check # _____ Date ____/____/____ Amount \$ _____</i>
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**MAIL FOR REIMBURSEMENT TO:** (current Sisterhood Treasurer)  
 Bonnie Wenneberg – 5246 Lupine St – Yorba Linda – CA - 92886