



For office use only:
Check Number: _____
Check Date: _____

Congregation Shearith Israel
Sisterhood Check Disbursement Request

Date: _____

Pay to: _____

Address: _____

Budget Category/Line Item and Amount of Expense:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount: \$ _____

Requested by: _____

Please print name

Check Department submitted to for approval...

ExecVP Fundraising Community Membership Programming School/Youth Torah Fund

Vice President Approval: _____

Email approval is acceptable as long as all amounts to be reimbursed are listed in the email.

Attach all invoices and receipts to this form and send to:

Andrea Bard, 7135 Mimosa Lane, Dallas, TX 75230
fax to 214-853-5415; email abbard@yahoo.com

Sisterhood has a tax exempt number. Sales tax amounts are not reimbursable.