** Reimbursement Request Form**

For office use only:

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested by** |  | **Date** |  |
| **Pay to** |  | **Payee Phone Number** |  |
| **Payee Address**  (Street, City, State, & Zip) |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Reimbursement details** | | |
| Budget Category | Description | Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | Total Amount | $ |

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 emailing it and all receipts. Allow 30 days for reimbursement. Receipts without signed reimbursement forms will not be reimbursed.

Questions: email Susan Duitch: [susanduitch@gmail.com](mailto:susanduitch@gmail.com) or call/text 214-543-1270

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