

Congregation Kol Ami Sisterhood
Reimbursement Form

Name: _____

Telephone Number: _____

Total Amount Due: _____ Date Submitted: _____

1. Explain reason for reimbursement and categorize if for more than one event. Use back of form for more space.

2. Write your name on the receipt(s), circle the amount(s) due, an staple to this form.

For Treasurer's Use Only

Date Paid: _____ Check #: _____

Comments: _____

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