

Temple Sinai
Reimbursement Request Form

Name of Person Submitting: _____ Amount of Reimbursement: _____

Payable to (if different than above): _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Detailed description of expense(s): _____

For internal use only

Account Number(s): _____

Approved By: _____ Approval Date: _____

Directions to use the form above:

- Confirm with your staff liaison that anything you are buying is appropriately budgeted for
- Save all detailed receipts from your purchases and attach to the form above
- Complete the form above and give to your staff liaison in a timely manner
- Staff liaisons will complete the 'internal use only' sections and submit to Temple Sinai's accounting department for processing

Note: this should not be used to pay vendors or monies owed on contracts or invoices. Those invoices should be given directly to your staff liaison.