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Reimbursement Form for Authorized Temple Activities

DATE: ____/____/____

Submitted By: _____

Project/Activity: _____

DESCRIPTION	Amount
TOTAL	\$

This form must include all receipts for each purchase.
 Do not expect to be reimbursed without a written receipt.
 Congregation Sinai is Tax Exempt, sales tax will not be reimbursed.
 This form SHALL be submitted with all receipts within 30 days.

CS TREASURER USE ONLY:

Paid to: _____

Date: _____

Check #: _____