

# TEMPLE BETH AVODAH

## REQUEST FOR REIMBURSEMENT OR INVOICE PAYMENT

DATE OF REQUEST \_\_\_\_\_

PERSON OR BUSINESS TO BE REIMBURSED/PAID:

NAME \_\_\_\_\_

SS# (IF PERSON) \_\_\_\_\_

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE OF EXPENDITURE  
\_\_\_\_\_  
\_\_\_\_\_

G/L CODE # \_\_\_\_\_

G/L CODE # \_\_\_\_\_

VENDOR CODE \_\_\_\_\_ G/L CODE # \_\_\_\_\_

INVOICE # \_\_\_\_\_ DEPT # \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_ APPROVAL \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_

CHECK AMT: \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH ANY AND ALL APPLICABLE RECEIPTS**