

YOUNG ISRAEL OF EAST BRUNSWICK
EXPENSE REIMBURSEMENT FORM

Please **attach receipt** to this form (circle amount paid) and forward to YIEB Treasurer within 2 weeks of expenditure:

Treasurer—Accounts Payable
Young Israel of East Brunswick
193 Dunhams Corner Road
East Brunswick, NJ 08816

Name of YIEB Member
Requesting Reimbursement: _____

Expense Amount: \$ _____

Description of
Expense: _____

Name and Date of Event: _____

**Name of Committee Chair
Authorizing Expense:** _____
[note: one can't authorize his/her own reimbursement regardless of position]

Signature of Committee Chair
Authorizing Expense: _____

Date Purchased: _____

Where Purchased: _____

Your Signature: _____

Today's Date: _____

Your Phone: Home _____ Cell _____

Email: _____