

**Congregation Sons of Israel  
Expense Reimbursement**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

| Date | Vendor/Store | Amount | Reason for Expense |
|------|--------------|--------|--------------------|
|      |              |        |                    |
|      |              |        |                    |
|      |              |        |                    |
|      |              |        |                    |
|      |              |        |                    |
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|      |              |        |                    |
|      |              |        |                    |
|      |              |        |                    |
|      |              |        |                    |

Total \$ -

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*For Office Use:*

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Attach Check Stub Here**