

Kehilat Chaverim Expense Reimbursement / Income Report

Committee / Chairperson:	
Event / Date(s):	

Send Check To:

Name:	
Street/Apt#:	
City, State, Zip:	
Telephone:	
e-mail:	

Expenses:

<i>Description(s) of Attached Receipt(s)</i>	<i>Amount(s)</i>
<i>Total Expenses To Be Reimbursed:</i>	\$

Income Collected for Kehilat:

Checks to Kehilat:	
Cash Collected:	
Total Funds Collected:	\$

Additional Information: _____

Submitted by (name of chair): _____ Date: _____

For Expense Reimbursement or to Submit Funds, please mail (or deliver) to:

Nancy Malley
 8 Indian Hill Drive
 Granby, CT 06035

Questions:
 860-844-8637
 mnmalley@yahoo.com