

Congregation Dor Hadash -- Check/Reimbursement Request Form

Date Requested _____ Date Required _____

Check Payable to _____

Address _____

City, State, Zip _____

Attach receipts or other documentaion. ALL RECEIPTS SHOULD CLEARLY INDICATE RECEIPT OR APPROVAL.

Amount	Purpose	Classification	Account #
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$	TOTAL		

Person to contact if any questions (name, phone):

Initials to Approve Office Verification

 Person who authorized this expenditure

 President's authorization if over \$150

 Executive Committee authorization if over \$500

REIMBURSEMENT PLAN

1. Amounts < \$150 spent on behalf of CDH needs prior approval from the relevant committee if applicable. Receipts are to be turned in along with a reimbursement request form.
2. Amounts > \$150 < \$500 will need to have the President's approval and the relevant committee before spending. Receipts are to be turned in along with a reimbursement request form.
3. Amounts > \$500 or any amount entered into on a continual basis will need to have prior approval from the executive committee and the relevant committee before spending. Receipts are to be turned in along with a reimbursement request form.
4. Once the expenditure has been approved, if necessary, the amount can be requested ahead of time from the office. Receipts and expense forms will then be turned in after the expenditure is made.
5. Please allow ample time, 2 – 4 weeks, for a check to be printed and signed by 2 board members.