

TEMPLE OF ISRAEL

Purchase Authorization & Reimbursement Form

***** Authorization must be obtained prior to purchase *****

Intended or Actual Date of Purchase	Item(s) to be or Purchased	Charge to... (committee, group)	Event/Purpose	Total
REQUESTED AMOUNT				
TO BE COMPLETED BY BOOKKEEPER UPON VERIFICATION OF PURCHASE AMT. & TAXES				
REIMBURSED AMOUNT				

Purchase Requested by: _____ Date: _____
 Committee Chair Signature Required: _____ Date: _____
Temple President, if over \$500: _____ **Date:** _____
(*** Please note that the Board meets on the 3rd Tuesday of each month, please plan accordingly ***)
 Bookkeeper Signature: _____ Date: _____

REIMBURSEMENT TO:

Name: _____ Phone: _____ Email: _____
 Address: _____ City _____ State _____ Zip _____
 Submitted by: _____ Date: _____
Signature (CANNOT BE SIGNED ELECTRONICALLY)

TO SUBMIT:

- All receipts must be attached
- Return to the Bookkeeper at the Temple office OR mail to:
 Temple of Israel
 ATTN: Bookkeeper
 P.O. Box 4879
 Wilmington, NC 28406
- Allow at least 2 weeks for processing for requests under \$500; additional week for requests over \$500
- Refer to the Reimbursement Schedule for processing deadlines. (see back)

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REIMBURSEMENT SCHEDULE

We have designed a schedule for which you can anticipate receipt of your reimbursement requests.

If your paperwork **and** accompanying receipts are accurate, complete, and received as scheduled, you can expect prompt payment by the dates listed below.

Reimbursement forms are available via the Temple website at ***temple-of-israel.org***.

If you have any questions, please contact the Bookkeeper (Diane) at 910.762.0000.

<i>Reimbursement Request & Receipts received by</i>	<i>Reimbursement Check available by</i>
<i>10th of the month</i>	<i>Around the middle of the month</i>
<i>25th of the month</i>	<i>Last business day of the month</i>