

**Jewish Center of Northwest Jersey
Expense Payment/Reimbursement**

Date* _____

Account* _____

Amount* _____

Was the Expenditure Approved by the Board?* YES NO

If YES, please insert the date of Board Meeting: _____

Note _____

Payee* _____

Address (If different from invoice)

Payee Phone Number* _____

Approval* _____

* denotes required field

Approval requires Board Member Signature or Date of Board Approval.

Invoice/receipt must be attached.

Submit to:
Andrew Shelofsky
10 Buttonwood Street
Lambertville, NJ 08801

For faster reimbursement, scan form and receipts and email to:

jcnwjtreas@gmail.com