

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

**Date\*** \_\_\_\_\_

**Account\*** \_\_\_\_\_

**Amount\*** \_\_\_\_\_

**Note** \_\_\_\_\_

**Payee\*** \_\_\_\_\_

**Address (If different from invoice)**  
\_\_\_\_\_  
\_\_\_\_\_

**Approval\*** \_\_\_\_\_

\* denotes required field  
Approval requires board member signature  
Invoice/receipt must be attached.

Submit to:  
Andrew Shelofsky  
23 John Drive  
Annandale, NJ 08801