

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # (home) _____ (work) _____ (fax) _____ (other) _____

Committee / function for which item/s were purchased	Item/s purchased / type of expense	Was this a food item? Y or N ?	Date of Purchase	Subtotal (before tax)	Tax	Total	County of Sales Tax

Subtotal: _____

* Tax on food items *: _____

* Tax on non-food items *: _____

* County where sales tax was collected *: _____

Total: _____

Please attach sales receipt/s (required) to this form and submit to Executive Director for reimbursement. Allow 5 (five) working days for check to be processed.

Please remember that Beth El cannot reimburse you for sales tax.