



# KESHER, Inc

## Reimbursement Form

Name of person to be reimbursed \_\_\_\_\_

Please write clearly

Date: \_\_\_\_\_

*Only purchases that were approved by the Nevatim or Kesher After School Directors, Board Member, or other authorized individuals in advance, can be guaranteed for reimbursement.*

Date of Purchase	Vendor	Description of Item	Cost
TOTAL for Reimbursement			

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature for Reimbursement \_\_\_\_\_ Date \_\_\_\_\_

(By the Director, Treasurer or other approved individual)

**Paper clipped RECEIPT IS REQUIRED** for REIMBURSEMENT. Make a copy for your own record. You can use the copier in the Nevatim office. **(Please do not staple.)** You will also receive a copy of the Reimbursement Form once the Approval Signature is entered.