

B'NAI BRITH EDUCATORS UNIT
CHARTER #5290
EXPENSE VOUCHER

DATE_____

PAYMENT TO:_____

ADDRESS:_____

CITY:_____

PURPOSE OF EXPENSE(S):_____

PLEASE ATTACH ALL RECEIPTS (PLACE YOUR NAME ON THE RECEIPTS)

- IDENTIFY PURPOSE OF EXPENSE ON EACH RECEIPT
- IDENTIFY THE AMOUNT OF REIMBURSEMENT ON EACH RECEIPT

TOTAL_____

Remit to: Alice Heller
20 Conshohocken State Road Apt. 609
Bala Cynwyd, PA 19004