***Nefesh Yehudi Academy***

***Expense Reimbursement Form***

***Note****: This form must be completed in order to receive reimbursement from NYA. All receipt(s) or invoice(s) must be attached to this completed form and sent to NYA Treasurer at PO Box 212, East Brunswick, NJ 08816 or via email to* [*NefeshYehudiAcademy@gmail.com*](mailto:NefeshYehudiAcademy@gmail.com) *within 2 weeks of expenditure.*

***Reimbursement Policy****: If NYA employee is requesting reimbursement, Educational Director must approve and sign-off on form before submitting to Treasurer. All expense reimbursements under $500 must be approved by Treasurer or President. Expenses between $500 and $1,000 must be approved by Treasurer and another board member. Any expense over $1,000 must have board approval prior to being incurred.*

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Expenditure(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor** | | **Description** | **Amount ($)** | **Receipt** |
| 1. | |  |  | Y / N |
| 2. | |  |  | Y / N |
| 3. | |  |  | Y / N |
| 4. | |  |  | Y / N |
| 5. | |  |  | Y / N |
|  | |  |  |  |
| **Total Expense** | |  | **$ \_\_\_\_\_\_\_\_\_\_** |  |
|  | |  |  |  |
| **Total Reimbursement Requested** | | | **$ \_\_\_\_\_\_\_\_\_\_** |  |
|  |  | |  |  |
| **Donation to NYA\*** |  | | **$ \_\_\_\_\_\_\_\_\_\_** |  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approvals:**

Educational Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If Over $500, another board member must be secondary approval*

Board Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If treated as a donation to NYA, the Treasurer will provide confirmation of donation for tax purposes \***