

BLIA YAD NY- Subdivision Purchase/Reimbursement Request

Cash / Check paid to: _____

Purpose/Event 用途/活動			
Name 申請人			

Vendor		Actual Price	
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
7			<input type="checkbox"/>
8			<input type="checkbox"/>
9			<input type="checkbox"/>
10			<input type="checkbox"/>
11			<input type="checkbox"/>
12			<input type="checkbox"/>
13			<input type="checkbox"/>
14			<input type="checkbox"/>
15			<input type="checkbox"/>
<i>Please cross out item(s) that is(are) not approved.</i>		Total:	\$ - <input type="checkbox"/>

Request Signature: _____

Date: ____ / ____ / ____

YAD Approval: _____

Date: ____ / ____ / ____

YAD Treasurer: _____

Date: ____ / ____ / ____

Received: _____

Date: ____ / ____ / ____

*** All receipts must have a description of what items are bought or else will not be reimbursed.**

*** Please attach all receipts on this form. Item(s) without receipts will not be reimbursed.**