



**Out of Pocket Expenses**

**Please complete and return to Kehillat Shalom  
Please attach receipts to this form**

<u>Date</u>	<u>Product(s)</u>	<u>Reason</u>	<u>Amount</u>

<b>Total Submitted for reimbursements</b>	
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<b>Request made by</b>	
<b>Name</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Phone</b>	

<b>Date Approved</b>	
<b>Date Paid</b>	
<b>Check #</b>	

**Kehillat Shalom, 8610 Niles Center Road, Skokie IL 60077**  
**Phone 1-847-676-3093 Fax 1-847-982-1158**  
**Email: [office@kehillatshalom.org](mailto:office@kehillatshalom.org)**  
**Web: [www.kehillatshalom.org](http://www.kehillatshalom.org)**