Pay to:					
Address:					
City:	State: _	ZIP:		Date:	
Statement		Committee			
Reimbursement		Budget Line			
Advance		Authorized Signature			
☐ Invoice etc. Attached		Date Paid			÷
QUANTITY		DESCRIPTION		UNIT PRICE	TOTAL AMOUNT

**TEMPLE ISRAEL** \_\_\_\_\_ 125 Pond St. • P.O. Box 377 • Sharon, MA 02067 • (781) 784-3986