

**P'nai Or of Portland
6948 SW Capitol Hwy
Portland, Oregon 97219**

Request for Reimbursement and/or Contribution of Out-of-Pocket Expenses

This form is for the purpose of requesting reimbursement from P'nai Or for authorized out-of-pocket expenses incurred on behalf of the congregation or to account for pre-authorized costs that you wish to contribute to P'nai Or. Copies of receipts must be included. **All forms must be submitted within thirty days of the expenditure.**

Congregant Name: _____

Date Incurred	Description of Expense	Committee and Project/Activity	Payee	Amount Paid
Total Out-of-Pocket Expenses				\$

I request reimbursement of these expenses in the amount of \$ _____.

I wish to contribute \$ _____ to P'nai Or.

Date: _____

(Congregant's Signature)

Date: _____

(Committee Chair Signature, if applicable)