

Beth El Synagogue Disbursement Form

Date Submitted: _____ **Date Check Needed:** _____

Requested by: _____

Make Check Payable to: (Name) _____

(Address) _____

(Phone) _____ (Email) _____

Amount to Pay: _____ **Reference:** _____

Description of Purchase: _____

Charge to:

Budget Line Item		
Code	Description	Amount

Distribution Instructions: (Select One)

- Mail Check to Payee as listed above**
- Mail Check to:** _____
- Give Check to:** (may be left in individual's mailbox in synagogue office)

Special Handling Instructions: _____

Approved by: (must be signed by a member of the Synagogue's Executive Board)

For Office Use Only:

Date Entered:	By:
Date Paid:	Check #