

**Foundation for Jewish Camp, Inc.  
Non-Staff Expense Reimbursement Form**

Make Check Payable to:  
Traveler Name (if not same):

Check Mailing Address:

Receipt #	Date of expense	Business Description	Program Name	FJC Use Only	Transportation*	Lodging	Meals** & Incidentals	Misc Expenses	Total Expenses
				Account # (provide ONLY for "Misc" expenses)					
1									\$ -
2									\$ -
3									\$ -
4									\$ -
5									\$ -
6									\$ -
7									\$ -
8									\$ -
9									\$ -
10									\$ -
11									\$ -
12									\$ -
13									\$ -
14									\$ -
15									\$ -
<b>COLUMN TOTALS</b>					\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>

FJC Staff to check off:

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 58100 | <input type="checkbox"/> 58400 | <input type="checkbox"/> 58500 |
| <input type="checkbox"/> 58600 | <input type="checkbox"/> 58800 | <input type="checkbox"/> 58900 |

Payee's LIVE Signature (OR FJC Staff to attach correspondence with payee's request):

Date (only if signing above):

Print Name of FJC staff member submitting this form:

Date:

Program Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

**EXPENSES MUST BE SUBMITTED WITHIN 45 DAYS FROM THE DATE COST WAS INCURRED; OTHERWISE FJC IS NOT REQUIRED TO REIMBURSE YOU.**

All accompanying receipts need to be taped to blank paper, then attach paper to this form.

Unsubstantiated expenses will only be reimbursed at the discretion of the COO or Controller.

\* This includes all modes of transportation, car rental, gas, parking and tolls.

\*\*To comply with IRS regulations for meals, please detail with *whom the meal took place*. Please detail this on the description field of this form.