Jewish Federation of Greater MetroWest

Reimbursement Form When Missing Original Receipts

Use this for when a receipt or invoice has been misplaced, destroyed or is otherwise not available.

Purchase Date	Vendor Name	Business Purpose	Amount

I certify that the above expenditure was made on behalf of Jewish Federation of Greater MetroWest and was for official Federation business. I have lost, misplaced, or did not receive the receipt documenting payment.

_____

Employee's Signature Date

_____

Supervisor's Signature Date