

**National Council of Jewish Women**  
STATE POLICY ADVOCACY REQUEST FOR REIMBURSEMENT

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Tax ID/EIN: \_\_\_\_\_

Name: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Item Description: (Please attach all pertinent documents or receipts and provide a brief explanation of charges)

\_\_\_\_\_  
\_\_\_\_\_

**NCJW National Office**

Request Approved: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

**FINANCE DEPARTMENT**

**Batch Number:** \_\_\_\_\_

**Voucher Date:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

**Invoice Number:** \_\_\_\_\_

Fund	Account	Cc1	Cc2	Amount
				.
				.
				.
				.
		Total		.

**Finance Approval:** \_\_\_\_\_

