

**NFTY/PAR Regional Event Reimbursement Request**

**Adath Emanu-El Board of Trustees**

205 Elbo Lane

Mt. Laurel, NJ 08054

(25% of total cost of event not to exceed \$200.00 per person per year from Youth Leadership Fund)

Form **MUST** be submitted to **AEFTY advisor** **NO LATER** than **ONE MONTH** after **NFTY/PAR event attended.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_

**Grade** \_\_\_\_\_

**NFTY/PAR event attended** \_\_\_\_\_

**Date of event** \_\_\_\_\_ **Cost of event** \_\_\_\_\_

**Make reimbursement check payable to:** \_\_\_\_\_

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**A. Description of event/comments (to be completed by AEFTY member):** (use back of paper if necessary)

**B. Please indicate the last two programs or events in which you have participated or volunteered that helped AEFTY and/or our congregational family. Include what you did and how the congregation or sponsoring committee benefited from your participation.** (use back of paper if necessary)

**AEFTY advisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Office use:

Date received: \_\_\_\_\_ Date submitted to Temple Board: \_\_\_\_\_

Date reimbursement sent: \_\_\_\_\_

(please submit a completed copy of this request to the AEFTY mailbox)