

NFTY/PAR Regional Event Reimbursement Request
Sisterhood of Adath Emanu-El

205 Elbo Lane
Mt. Laurel, NJ 08054

(20% of total cost of event not to exceed \$200.00 per person per year)

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: _____

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:** _____

Sisterhood use:

Date received: _____ Date submitted to Sisterhood Board: _____

Date reimbursement sent: _____

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