



**B'NAI B'RITH  
EDUCATORS UNIT  
CHARTER NO. 5290**

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**EXPENSE VOUCHER**

**DATE:** \_\_\_\_\_

**PAYMENT TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**PURPOSE OF EXPENSE(S):** \_\_\_\_\_

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

**PLEASE ATTACH ALL RECEIPTS (please place your name on all receipts).**

**Purpose of expense on each receipt**

**Reimbursement \$\$ amount each receipt**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL**

\_\_\_\_\_

Remit to: Alice Heller  
20 Conshohocken State Road  
Apt. 609  
Bala Cynwyd, PA 19004