**Bat Yam – Temple of the Islands**

**Expense Payment and/or Reimbursement Guidelines**

To insure the financial integrity and transparency of Bat Yam – Temple of the Islands, all expenditures for which payment and/or reimbursement is requested are subject to the following guidelines and internal controls:

1. All Bat Yam expenses must be documented before such expenses will be paid. Costs for catering, supplies, advertising, services, postage, incidental expenses, etc., must be supported by receipt(s) or invoice(s) from the vendor or service provider.
2. No request for payment will be paid until after the service is rendered or the commodity received. If a partial deposit is required in advance from a vendor or service provider, approval for payment of such advance deposit must be made by **both** Bat Yam’s president and treasurer.
3. A **Bat Yam Expense Payment/Reimbursement Form** must be included in all requests for payment and/or reimbursement. No payment/reimbursement will be issued without such form being fully completed and supported by the requisite documentation.
4. These guidelines shall apply without exception to all Bat Yam officers, Board members, independent service providers and/or staff, committee chairs, etc.
5. The guidelines may be waived in individual situations by a majority vote of Bat Yam’s Board.

Questions regarding payment for Bat Yam expenditures and/or reimbursement may be directed to Bat Yam’s treasurer.

(Page 1 of 2)

**Bat Yam – Temple of the Islands**

**Expense Payment/Reimbursement Form**

Please complete each entry below on this form.

This request for payment and/or reimbursement should be allocated to the following committee, activity, fund or function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person submitting request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenditure purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Total payment amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward payment to the following vendor, service provider or individual:

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

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

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

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach supporting document(s), i.e., receipts, invoice(s), bill(s), etc., and forward to:

Bat Yam – Temple of the Islands

ATTN: Treasurer

PO Box 84

Sanibel. FL 33957

Page 2

BY – 01/2018

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