

2016-2017 Professional Stipend Reimbursement Form

Please complete this form, attach receipts or other documentation showing proof of attendance/completion and submit through your Jewish institution. Once signed/approved by your institution, please submit to ocajeoffice@orloffcaje.org.

Name _____

Employer _____

Program/Training/Course _____

Describe the purpose/intent of the professional activity for which you are requesting reimbursement.

Amount requested from CAJE _____ (please attach all receipts)

Institution Approval: _____ Date: _____

Signature: Rabbi or Education Director

CAJE Approval: _____ Date: _____

Signature: Rabbi Arnie Samlan

Reimbursement Guidelines:

All receipts, especially credit card slips, must be itemized. When using personal checks for payment, please provide documentation showing they have cleared. Forms of documentation include:

- 1) a copy of the cleared check, both front and back; or
- 2) a copy of the bank statement that shows the check has cleared.

Please note: Your name must be on the bank statement. Receipts for internet reimbursement need to include your name, vendor name, date and description of the expense. If no other documentation is available, credit card and bank statements can be used for documentation. However, they must have the name of the vendor and your name printed on the statement.