

Kol HaLev Inc. Individual Expense Report



Name:	
To:	
Purpose:	
Area:	
Date:	

Out of pocket expense

Date	Account	Vendor	Item description	Cost	Notes	In QBs

Total to reimburse \$0.00

Paid by KHL Credit Card _____ or Check _____

Date	Account	Vendor	Item description	KHL Cost	Due KHL	Notes	In QBs

Total to record or bill \$0.00 \$0.00

REVIEWED BY _____ DATE _____