



CONGREGATION
SHIR AMI

INVOICE

Date: _____

Mail to: Treasurer
P.O. Box 2099
Castro Valley, CA 94546
Phone: 510-537-1787
E-mail: treasurer@congshirami.org
Web: http://www.congshirami.org

Instructions: Please fill out form, attach receipts for purchases to be reimbursed or donated, and send via e-mail or mail to the address listed above.

Submitted by:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Date	Description	Amount

Total Amount: _____

In lieu of payment/reimbursement, please consider \$_____ of the above amount to be a donation to Congregation Shir Ami.

(signature)

Amount to be paid: _____
(Total Amount minus Donated Amount)