

# Temple Ahavat Shalom Sisterhood Payment Request

**Please Mail Receipts/Bills to:**

**Dorothy B. Hoffman**  
11234 White Oak Ave.  
Granada Hills, CA 91344

For Treasurer use ONLY
Paid on check :
Date:
Amount: \$

Or email to: [dhoffman10@socal.rr.com](mailto:dhoffman10@socal.rr.com)  
Questions? (818) 606-2084

Date: \_\_\_\_\_

Check Payable to:

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

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

Phone: \_\_\_\_\_

Please use as many lines as necessary to describe each item below

		AMOUNT
PLACE PURCHASED/ITEMS	ACCOUNT TO BE CHARGED	
<b>TOTAL</b>		\$ -

\*\*\*Please attach all bills or receipts\*\*\*

Approved \_\_\_\_\_