



Sri Ganesha Temple
 OF HINDU CULTURAL CENTER OF TENNESSEE
 Tel: 615-356-7207 • Fax 615-353-9346
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 Temple Location: 527 Old Hickory Blvd. (In Bellevue Area) • Nashville, TN 37209
 Mailing Address: P.O. Box 210705 • Nashville, TN 37221-0705

Reimbursement Request Form

Please fill the form in its entirety and attach the receipts to request. Please place in box labelled **'INVOICES'** outside the Board Room.

Check will be available for pickup upstairs at Front Desk (unless u have indicated that it needs mailed to you)

Any amounts **over \$500** need approval by the **Chairman or Board of Trustees (BoT)**.

Person Requesting Reimbursement (Full name)		
Address (if requesting the check be mailed)		
Purpose		
Amount		
Receipts attached	YES	NO
Expense approved BY (print name of person)		
In-kind Donation (expense is logged as devotee's contribution to Ganesha Temple)	YES	NO
Date request Submitted		

For in office use

Person making check	
Date made	
Person entering In-kind Donation	
Date	

Questions: E-mail ganessaexec@gmail.com