



JEWISH FEDERATION OF METROPOLITAN CHICAGO
ISRAEL EXPERIENCE SAVINGS AIRFARE REIMBURSEMENT FORM
 for SKIP, Gift of Israel, Walk with Israel Vouchers,
 JUF Bar/Bat Mitzvah Israel Experience Certificates and/or
 Naftali Steinfeld Israel Experience Certificates



In order to use your funds for airfare reimbursement, please submit (1) a copy of your itinerary, (2) proof of purchase of your airfare (either a receipt from the airlines or a copy of your credit card statement with your credit card number covered), and (3) a letter (print or email are acceptable) from your Israel Experience program confirming that you have in fact started your program. Please send all these materials, along with this form *after you've started your program*, to:

Israel Experience Programs
 Jewish Federation of Metropolitan Chicago
 30 South Wells Street, Room # 5031
 Chicago, IL 60606-5056

PLEASE PRINT OR TYPE:

Participant's name: _____ Participant's Email: _____
 Address: _____ City, State: _____ Zip: _____
 Phone number: (____) _____ Birthdate: _____ Social Security #: _____

NOTE: The participant's Social Security number MUST be provided before a check can be issued.

Congregation: _____ High school class of 20 _____
 Israel Experience Program: _____ Departure date: _____

Please make my airfare reimbursement check payable to: _____

TAX CONSEQUENCES: It is our belief that the interest earned on family contributions to SKIP and Gift of Israel accounts is taxable and must be reported on your tax return. Please note that Federation will NOT issue a form 1099, but the amount of taxable interest will be reported to you on the check explanation form that will accompany your check.

PLEASE check only the boxes for the program(s) in which you are enrolled and from which you would like to use funds:

- SKIP
 - Include all of my SKIP money Include only part of my SKIP money: \$ _____
- JUF Bar/Bat Mitzvah Certificate (please enclose if available)
- Naftali Steinfeld Israel Experience Certificate (please enclose if available)
- Gift of Israel
 - Include my entire Gift of Israel savings Include only part of my Gift of Israel savings: \$ _____
- Walk with Israel vouchers (must be fully completed and enclosed). Number of vouchers _____

THIS CHECK WILL BE SENT TO YOUR HOME ADDRESS LISTED ABOVE.

 Signature of ISRAEL EXPERIENCE savings participant

 Date

 Signature of parent or legal guardian

 Date

If you have any questions, contact Mandy Weiss at (312) 444-2895 or israelexperience@juf.org.