Studdiford Community Association

Expense Reimbursement Claim

Staple Receipts to the back here

CHECK WILL BE MADE OUT TO THE NAME BELOW. THIS FORM IS NOT NECESSARY FOR DIRECT TO VENDOR PAYMENTS.

Name: _____

Address: _____

City, State, Zip: _____

Itemize Receipts

Receipt Date	Expense Description	Category/Account	Vendor/Merchant	Amount
(MM/DD/YY)	(Postage, Food, Paper, etc)	(Office, Social, Legal, etc)	(Publix, Home Depot, etc)	

Total Expenses:	$ -
Less Advance:	
Total Reimbursement Amount:	$ -

I agree that all expenses submitted on this claim are for Studdiford Community Association purposes only.

_____ _____

Signature *Date*

Please submit to the Studdiford Treasurer

Forms are obtainable from the Finance section on http://www.studdiford.org

OFFICE USE ONLY

Date: _____ Approved: Y / N

Check No: _____ PCA Reference: _____

Approver's Signature: _____