



Reimbursement Request (External)

Association: _____

Recipient: _____ Date: _____

Mail check to address: _____

Vendor: _____ Amount: _____

Vendor: _____ Amount: _____

Vendor: _____ Amount: _____

TOTAL REIMBURSEMENT DUE: Amount: _____

Expense Purpose:

Please attach all receipts!

Board Member Approval (other than requester) _____ Date _____

Notes:

VIS USE ONLY

Expense Account(s)

If multiple accounts, please designate dollar (\$) amount to each.

Account: _____ Account: _____ Account: _____

Amount: _____ Amount: _____ Amount: _____

Community Manager Signature _____ Date _____