

WILLOWBEND COMMUNITY ASSOCIATION, INC.

A Corporation Not-for-Profit

COMMITTEE EXPENSE REIMBURSEMENT FORM

Date: _____

Payable To: _____

Amount: _____

Committee: _____

Authorized By: _____

Purpose of Expense: _____

****Note**** All receipts must be attached for reimbursement.

Receipts Attached:

<u>Purchased From</u>	<u>Items Purchased</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total:	_____

Approved By: _____ Date: _____

Account Code: _____ Account Title: _____