

**TD II HOMEOWNERS ASSOCIATION
Expense Reimbursement Request**

Submitted By : _____
(Type or Print Name)

Address : _____

Position : _____
(List Office or Committee Membership)

Signature : _____

Date Of Expense: _____

Committee or Budget Account : _____

Purpose Of Expense: _____

Amount of Expense: *(Receipts Must Be Attached To Receive Reimbursement)*

Item			Member Expenses
Total Reimbursement Request:			

(Prepaid Expenses + Reimbursement Request Shall Not Exceed Established Budget)

For Treasurer's Use Only:

Approved By: _____
(Signature) (Date)

Account Charged To: _____