

PAYMENT/REIMBURSEMENT FORM

Welbourne Manor Homeowners Association

Instructions: Complete this form in its entirety
 Use separate forms for each vendor payment request
 Attach bills/quotes/receipts directly to this form
 Mail completed forms to:

Matt Krupnick
5729 Chancery Place
Liberty Twp., OH 45011

Name and address of party to be reimbursed: _____

Please check one: Vendor Payment
 Expense Reimbursement

	<u>Purchase</u>	<u>Reason</u>	<u>Total</u>	<small>(Board use only)</small> <u>Acct #</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Total Payment/Reimbursement \$

*****Attach ALL bills/quotes/receipts to this form*****

I certify that the above request for reimbursement is for expenses incurred on behalf of the Welbourne Manor Homeowners Association.

 (signature)

 (date)

Approvals: _____