

BETZ LANDING HOME
OWNER'S ASSOCIATION
P.O. BOX 422
HEATHSVILLE, VA 22473



Modified 7/30/2018

EXPENSE REIMBURSEMENT FORM

Payment requested from: _____ (name to be put on the check)

Date of the request: _____

DESCRIPTION OF THE EXPENSE	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
TOTAL	\$ _____

I certify that all these expenses are valid Association items.
Applicable receipts are attached.

Signature: _____

APPROVED BY: _____

DATE PAID: _____

CHECK NUMBER: _____