



<http://betzlanding.org/>

[Betzlanding@outlook.com](mailto:Betzlanding@outlook.com)

## EXPENSE REIMBURSEMENT FORM

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

Date of the request: \_\_\_\_\_

	DESCRIPTION OF THE EXPENSE	Vendor, Provider Name	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: \_\_\_\_\_