

Grogans' Point Residents' Association Request for Payment/Reimbursement

Complete the TOP portion of form and submit to Treasurer along with receipts, invoices and/or other supporting documents and approval signatures

Date: _____

Total Amount: _____

Budget Line : _____

Reason for Expenditure: _____

Pay to the Order of: _____

Mailing address (if needed): _____

Submitted by: _____
Print *Signature*

Chair Approval: _____
Print *Signature*

For the Treasurer Only: invoice/approval docs.

Date Paid: _____ **Ck #:** _____

Budget Line Item:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____