

# Studdiford Community Association

## Expense Reimbursement Claim

CHECK WILL BE MADE OUT TO THE NAME BELOW. THIS FORM  
IS NOT NECESSARY FOR DIRECT TO VENDOR PAYMENTS.

Staple Receipts to  
the back here

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### Itemize Receipts

Receipt Date	Expense Description	Category/Account	Vendor/Merchant	Amount
(MM/DD/YY)	(Postage, Food, Paper, etc)	(Office, Social, Legal, etc)	(Publix, Home Depot, etc)	
Total Expenses:				\$ -
Less Advance:				
<b>Total Reimbursement Amount:</b>				<b>\$ -</b>

I agree that all expenses submitted on this claim are for Studdiford Community Association purposes only.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Please submit to the Studdiford Treasurer  
Forms are obtainable from the Finance section on <http://www.studdiford.org>

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Approved: Y / N

Check No: \_\_\_\_\_ PCA Reference: \_\_\_\_\_

Approver's Signature: \_\_\_\_\_