

United Homeowner Associations

EXPENSE REPORT

Date _____

The undersigned is making application for reimbursement for the itemized expenses occurred in behalf of the United Homeowner Associations.

Postage

Stationary

Printing

Trip Expense

Other (Specify) _____

Amount: \$ _____ (attach receipts)

Submitted by: _____

Address: _____

Phone: _____ Email: _____

Submit form to : William Berndt, 2276 Park Ridge Dr., Bloomfield Hills, MI 48304, or;
email to: tres@united-homeowners.org

Approval for payment:

Director signature _____

Treasurer signature _____

Date of reimbursement _____ Check # _____