

EXPENSE REIMBURSEMENT REQUEST

Community Name: **Steeple Glenn Condominium Association**

Date Submitted:

Date	Expense Amount	Description of Expense (attach receipts)
Total	\$ -	

Signed: _____

Date: _____

Approved By: _____

Date: _____

Mail Reimbursement to: (name and address)	For Office Use Complete ___ Ck # ___ Incomplete ___ Paid ___
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