

VAL VERDE HOMEOWNERS EXPENSE REIMBURSEMENT FORM

Receipt Date*	Vendor/Payee	Committee/Officer	Purpose of Expenditure	Amount Expended
				\$
Total Amount				\$

* All expenses must be accompanied by an original or acceptable copy of a receipt identifying the date and vendor.

Date Submitted _____

Amount Authorized \$ _____

Signature of Person to be Reimbursed

Signature of Authorized Officer

Printed Name of Person to be Reimbursed

Signature of Authorized Officer