Great Harbors Resident Association, Inc.

Expense Reimbursement Request

Event/Expenditure: _____ Event Date:_____

Purpose: _____

Organizer: _____

Expense Description	Purchased From	Expense Account	Cost
			Total Cost

All expenditures must be accompanied by receipts, and reimbursement from signed by an authorized member of the Great Harbors Board of Directors.

Reimbursement payable to: _____

Check to be sent to: _____

_____

Submitted by: _____
Signed Date

Approved by: _____