**Fulton Heights Neighborhood Association**

Expense Reimbursement Form

|  |  |  |
| --- | --- | --- |
| Date Incurred | Description of Expense and Purpose | Total |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  | $ |

**Please include original receipts for all expenses.**

I certify that I have not been reimbursed for the above expense(s) by any other source and that all expenses for which reimbursement is being requested directly relate to the operations of the Fulton Heights Neighborhood Association.

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

Acct: \_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval (required if over $100): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to FHNA Treasurer, Kevin Kelling, 44 Auburn NE

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Amount: \_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval (required if over $100): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to FHNA Treasurer, Kevin Kelling, 44 Auburn Ave NE