

The Park HOA
P.O. Box 12682
Wichita, Kansas 67215

Expense Reimbursement Request

Name: _____
Address: _____

Date	Explanation of Expense	Amount	Acct. #	Budgeted Expense Y/N
	<i>Attach Receipts/Proof of Payment to This Form</i>			
	Total	\$ -		

Signature: _____ Date Submitted: _____
Approved By: _____ Date: _____
Approved By: _____ Date: _____
Date Payment Processed: _____ Check #: _____