Ilda Community Recreation Association
Expense Reimbursement Form

Please fill out, print and submit to any Board Member

Name: _____
Address: _____
Phone: _____

Please itemize expenses submitted for reimbursement. Attach your receipts.

Date	Description	** Expense Category (pull down menu)	Amount

TOTAL

Approved by: _____

** EXPENSE CATEGORIES
Concessions
Maintenance - Grounds
Maintenance - Pool
Membership
Social Activities
Major Improvements & Repairs
Office & Postage
Miscellaneous Expenses

check #
date processed