

Paradise Service Associates (PSA) Expense Reimbursement/Invoice Payment Form				
Person/vendor requesting payment (Print):				
Process for reimbursement:				
1. Request reimbursement form from committee chair, president or caretaker				
2. Fill out reimbursement request form completely (use separate lines for each receipt/add pages if necessary) and attach receipts				
3. Submit reimbursement request to committee chair or president for approval				
4. Committee chair will review and sign to approve, then forward to the president for level 2 approval				
5. Committee chair or president will designate which account the expense will be charged (refer to budget)				
6. President and 1 other board officer will review and approve (expenses exceeding 10% of original cost/bid for work done requires approved by the entire Board)				
7. After approval, reimbursement request will be submitted by a PSA officer to PSA bookkeeper for payment				
8. Bookkeeper will forward check to President for signatures (2 officers required) and mailing				
Expense is to be charged to _____ (refer to budget accounts)				
Description and purpose of expense	Work performed at: Park, Marina, Office, or Water System	Date of receipt/Invoice	Vendor Name	Amount of receipt/invoice
Total				\$0.00
Signature of person requesting reimbursement/payment and date: _____				
Committee Chair approval signature & date		PSA Board Officer approval signature & date		
		PSA Board Officer approval signature & date		
For Official Use only:				
Date reimbursed:		Check #:		

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