

Parkview Condominium Homeowners Association

Reimbursement Voucher

Please read the following:

- All invoices received by the 10th of the month will be paid on the 15th.
- All invoices received by the 16th of the month will be paid on the last day of the month.
- **Attach all receipts to the Voucher.**

Check payable to:

Mailing Address: _____

Details of Reimbursement Voucher (The details of the item or service and its relation to official duties or activities): _____

Total amount of Reimbursement: \$ _____

List all items separately and explain where to charge each item -G/L account or description. If you are unsure of the account to charge to, leave a description of what the expense is for.

1) _____ Charge to _____

2) _____ Charge to _____

3) _____ Charge to _____

4) _____ Charge to _____

5) _____ Charge to _____

Use additional form if required

Signature of Voucher submitter: _____ Date: _____

Approved by Officer of the Board: Print: _____ Signature: _____

Send or Scan Completed Voucher with all Receipts Attached to:

Chastine Property Management
P.O. Box 1037 / 139 Bridges Rd.
Mauldin, SC 29662

or

Email: tiffany@chastinepm.com