



# ORANGE BLOSSOM SQUARES Expense Reimbursement Request

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

Type of Expense : \_\_\_\_\_ Amount Requested: \_\_\_\_\_

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Receipt(s) Attached? YES \_\_\_\_ NO \_\_\_\_

Approved by (OBS Officer): \_\_\_\_\_ Date: \_\_\_\_\_

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## Treasurer Use Only:

Date of Reimbursement: \_\_\_\_\_

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

Check Number: \_\_\_\_\_