

**Glen Oban Association, Inc.**  
**P.O. Box 443**  
**Arnold, Maryland 21012**

**REIMBURSEMENT FORM**

Please attach a store or vendor receipt to this form. Make a copy of this form and your receipts for your own records. All purchases must be approved by the appropriate committee chairperson. You may include different receipts for different committees on one form. This completed form and any related receipts should be turned into the GOA Treasurer for payment.

**Name:** \_\_\_\_\_  
(Person to whom the reimbursement check should be made payable)

**Submission Date:** \_\_\_\_\_

<b>Date of Purchase</b>	<b>Committee</b>	<b>Description of Purchase</b>	<b>Amount</b>
<b>Example:</b>			
3/3/07	Landscaping	Hose	\$10.00

1.

2.

3.

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