

EXPENSE REPORT AND/ OR REIMBURSEMENT REQUEST

YOUR NAME _____ TODAY'S DATE _____

TOTAL COST \$ _____ WHERE PURCHASED? _____ DATE _____

ITEM'S PURCHASED? _____

CIRCLE : MAINTENANCE SUPPLIES , OFFICE SUPPLIES , GENERAL MAINTENANCE, BEAUTIFICATION,
MARINA SUPPLIES, CLEANING SUPPLIES, OTHER

DID YOU USE A TWIN SHORES CREDIT CARD? YES NO LAST 4 DIGITS OF CARD # _____

IS THIS A REIMBURSEMENT REQUEST? YES NO TO WHOM??? _____

PLEASE ATTACH RECEIPT(S)!!!!

LEAVE IN OFFICE MAIL SLOT

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