

Date Submitted: _____

Attn: Treasurer:
Balboa Terrace Home Association
P. O. BOX 27642
San Francisco, CA 94127

Please reimburse/issue check for the following expenses incurred on behalf of BTHA:

Expense Date: _____

Description of expense:

Approved by: _____ Date: _____

If known Account Fund to be charged:	
--------------------------------------	--

Receipts attached: ____ Yes ____ No
*(Please note all expenses over \$20.00 **MUST** have a receipt attached)*

Total Amount: \$_____ Check Number: _____

Please make check payable to:

Name: _____

Address: _____

Phone: _____

Sincerely,