

COUNTRYSIDE SOUTH COMMUNITY ASSOCIATION
Miscellaneous Operating Expense Request

Date: _____

Check Payable To: _____

Mailing Address: _____

Amount Requested: _____

Reason: _____

Approved: _____

Denied: _____

Reason Denied: _____

1st Approval

Signature: _____

2nd Approval

Signature: _____

Note:

- All requests for reimbursement and/or intent to purchase items or services relevant to Countryside South Community Association will require prior approval by (2) individual Board Members to ensure disbursement of funds.
- The Board has allocated specific funds for emergencies, which requires the same approvals.
- Receipt(s) and/or an invoice(s) must accompany all requests to ensure reimbursement is approved and funded.