

**EXPENSE REIMBURSEMENT FORM**

**Ocean City Beach Citizens Council**

[info@oceancitync.com](mailto:info@oceancitync.com)

mail receipts to:

Attn: Finance, P.O. Box 1207, Sneads Ferry, NC 28460

Today's Date		Date Rec'd in Acct.	
Name/Payee			
<input type="checkbox"/> Check if new address		Street Address	
		City	State
		Zip Code	
Reason for Expense			
<b>ITEMIZED EXPENSES</b>			
Check one: <input type="checkbox"/> Receipts attached		<input type="checkbox"/> Receipts already mailed	
<b>Date Incurred</b>	<b>Item</b>	<b>\$ Amount</b>	<b>GL Account</b>
		<b>Total Check Amount</b>	
Requested by			
Approved by		Date Approved	