EXPENSE REIMBURSEMENT FORM

Ocean City Beach Citizens Council

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			

☐ Check if new address

Street Address					
City		State		Zip Code	

Reason for Expense	

ITEMIZED EXPENSES

Check one: ☐ Receipts attached ☐ Receipts already mailed

Date Incurred	Item	$ Amount	GL Account
	Total Check Amount		

Requested by			
Approved by		Date Approved	