



Bryn Gweled Homesteads

PO Box 75

Southampton, PA 18966

*Expense Reimbursement Request*

Reimbursement to be paid to: \_\_\_\_\_

Date: \_\_\_\_\_

Date	Description	Amount
<b>Total</b>		

Committee or Account: \_\_\_\_\_

**APPROVALS**

Committee Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Board (if over \$150): \_\_\_\_\_

Date: \_\_\_\_\_

Please obtain all necessary approvals before submitting to the Treasurer for payment.

For Office Use Only	
Paid on:	
Check #	



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