

# SOUTHDOWN POOL- EXPENSE REPORT



Southdown Country Club, Inc.  
PO Box 123  
Edgewater, Maryland 21037  
Pool Phone: (410) 956-9794  
www.southdownpool.org



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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No. : \_\_\_\_\_

Cell Phone No. : \_\_\_\_\_

Please all items that you have purchased and/or goods and services.

<u>Item Description(s):</u>	<u>Dollar Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Reimbursement Requested</b>	
	\$ _____

I declare that these goods and/or services are for the sole purpose in support of Southdown Country Club's, Inc. affairs. Original receipts for the above described goods and/or services must accompany this request for reimbursement.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Executive Officer of the Board of Directors Date