LAIA Payment/Reimbursement Request Form

Loch Alpine Improvement Association, PO Box 72, Dexter, MI 48130

1. Payee →			
2. Address →			
3. Description of Item or Service		***4. Expenditure Code***	***5. Amount***
6. Total →			
Goods were received, or services performed as expected	***7. Signature →***		
	8. Date →		
**********	**Office use only below this line**	**********	**********
Approval Signature and Date →			
Approval Signature and Date →			
Check # →		***Date Issued →***	

Directions: Use a separate form for each payee. Fill in items 1-8. Attach receipts, invoices, or supporting documentation. Submit to LAIA Bookkeeper. Checks are issued at the next monthly LAIA Board meeting, unless other arrangements are made with the Bookkeeper. LAIA Office phone: (734) 426-2161