



# STAGS LEAP

## MONETARY REQUEST

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

Payee: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

REQUEST FOR FUNDS (Greater than \$50.00)

Dollar amount not to exceed: \$ \_\_\_\_\_ Quote attached: \_\_\_\_ Yes \_\_\_\_ No

REQUEST FOR REIMBURSEMENT (Less than \$50.00)

Amount requested: \$ \_\_\_\_\_ Receipt(s) attached \_\_\_\_ Yes \_\_\_\_ No

REQUEST FOR REIMBURSEMENT (Greater than \$50.00)

Amount requested: \$ \_\_\_\_\_ Receipt(s) attached \_\_\_\_ Yes \_\_\_\_ No

All requests for reimbursement must include receipt(s).

Board members should supply the GL numbers pertaining to items purchased on the back of this form.

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Submitted By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list each item, GL number and price in order to help place the purchase in the correct budget account. If the GL item is not listed, please feel free to make an inquiry.

ITEM	GL NUMBER	DOLLAR AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 50105 Annual Meeting
- 50120 Clubhouse Supplies
- 50130 Social Community Fund
- 50160 Other Administrative
- 50170 Postage
- 50175 Printing & Reproduction
- 50185 Pool Supplies
- 70135 Clubhouse Maintenance

Comments: \_\_\_\_\_  
\_\_\_\_\_