



Broadmead Residents Association

Office of the Treasurer

Email: bra.treasurer.one@gmail.com

Tel.: 443-578-8410

Please allow a minimum of **Seven (7)** working days for processing.

Please place completed form in the mailbox labeled "**B.R.A. Gen'l**"

REQUEST FOR PAYMENT OR REIMBURSEMENT

Please write or print legibly

Today's Date: _____

If this is a Designated Fund
please check this box.

Your Name: _____ Unit No.: _____

Budget activity to be charged: _____

Check to be made **payable to**: _____

Date of activity or expenditure: _____ Amount: \$ _____

Please explain the purpose for which the money was or will be spent.

Attach a receipt(s) and/or other supporting documents to the back.

To whom should we give/send the check? Payee You

If **Other Group Member**, Name: _____ Unit No.: _____

If **Payee**, please give address: _____

Approved by Activity Chair: (**signature required**) _____

Do not write below this line. For office use only. [9/3/21]

Check No.: _____ Date: _____ Amount: _____

Account charged: _____ Posted by: _____