



**INLAND EMPIRE / DESERT CHAPTER
CLAIM FOR REIMBURSEMENT OF EXPENSES**

From _____ Date _____

Request is hereby made for reimbursement of authorized expenses incurred by myself as itemized below:

Item	Account	Amount
Total Expenses		
Less Amount Advanced		
Balance Due		

Make check payable to _____
 and send/give to _____
 (mailing address and _____
 zip code if required) _____

I hereby certify that the above claim is a true and exact statement of monies owed me by the Maintenance Superintendents Association.

Signature of Claimant

AUTHORIZATION

Date: _____

Check #: _____

Member of the board (signature)

Amount: _____