

Wasatch Commons Condominium Association Payment Request or Report

Instructions
 * Fill out * Attach receipt/invoice(s)
 * Print * Get co-signature
 * Sign * Submit to bookkeeper

Make a
Payment to

In the amount

Supplier
if not payee

Phone
If not shown on invoice or receipt
Email

Address

- Paid by resident; reimbursement requested.
- Supplier or service provider requires payment.
- Paid by community credit card.
- card
(last 4 digits)

Date of Purchase or Service

Purchase or Service

from Budget

Purpose

This expenditure is on behalf of Wasatch Commons Condominium Association and is within the specified budget, or otherwise approved by the community.

X _____ Date _____
Signature

X _____ Date _____
Co-Signature by Committee Member
Required if the purchase is over \$20 or if the purchaser is not on the committee

Request Prepared by
if not payee

Date Prepared

For bookkeeper's use

Paid/Recorded
Check # _____
Date _____

clear button

Tape cash register receipt here,
or staple receipt or invoice
behind payment request.

For services performed on the premises of Wasatch Commons, please provide a W-9, business license information, and a copy of the contractor's insurance.

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Copy for person making payment request or to be reimbursed

.....
Detach copy before submission

Payment or Reimbursement Request, WCCA

Payment to

Amount

Supplier

Date of Purchase or Service

Purchase or Service

Purpose

Co-signed by

Date turned in to WCCA
for reimbursement

reimburse Check # _____
pay supplier Date _____
paid by WCCA card