

Name: _____

Address: _____

Phone: _____

8 Point Lake Property Owners' Corp
P.O. Box 368
Lake, MI 48632-0368
8pointlakeinfo@gmail.com

Expense Reimbursement Request

Expense	Description	Cost
Total:		

Signature

Date submitted

Please attach your receipts to this form when mailing.

Please scan receipts and expense form when emailing.

Office Use Only:
Janet Clayton – Treasurer
989-274-2121
8pointlakeinfo@gmail.com

Check # _____
Date Issued: _____