Community Financials

Village Plaza Condominium Association

Fill out the form below completely. All receipts should be attached to the form and emailed to communityinvoices@payableslockbox.com.

Date _____

Send Check to (Name) _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Additional Info/Notes _____

_____

VP Account to charge: _____

Description of Purchase	Amount
Total	

VP PRESIDENT APPROVED: _____ DATE:_____

VP TREASURER APPROVED: _____ DATE:_____

Village Plaza Condominium Association reimbursements require prior approval before being submitted for reimbursement.