

Ridenour Homeowner Association
Check Request Form

No. _____

revised 2/2017

Date Requested: _____ Amount: \$ _____ Invoice Provided: Yes ___ No ___

Empty rectangular box for additional information or notes.

Explanation of Expense

Requested By: _____

Budgeted: Yes _____ **No _____

Committee Charged: Pool Club House Landscape Mgmt Service

Finance Other: _____

*****Non budgeted item requires prior board member approval**

Check #: _____

Date: _____

Board Member

Reviewed: _____ **Date:** _____

