

MRA Reimbursement Request Form

Date: _____ Reimbursement Amount: _____

Name: _____ Phone: _____

Address: _____

Description of Purchase (what was purchased, purpose): _____

Budget Line to Be Charged: _____

Approved By*: _____

**Reimbursements must be approved by the Board-designated supervisor of the budget item being charged (see below)*

Rob Schlosser (Pool Maintenance)

Dale Ludi (Grounds, Tennis, Dock)

Barry Kelley (Socials)

Wendy Carlson (Pool Management)

Craig Siebel (MRA Clubhouse)

Sonya Olechnowski (Socials)

Shannon Butler (Swim Team)

Celena Hale (MRA Clubhouse)

Pete Carlson (Admin/Other)

Reimbursement Requests should be submitted to the MRA Treasurer, Melanie Seaton (813-1433; 703 Wormley Creek Dr.)

***** ATTACH DOCUMENTATION OF PURCHASE (such as receipt or bill) *****

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