CARRIAGE HILLS COMMUNITY IMPROVEMENT ASSOCIATION, INC.

3500 WEST DAVIS, STE. 190 ---- CONROE, TX 77304 PHONE: 936-756-0032 FAX: 936-756-0023

EXPENSE VOUCHER

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Expense vouchers must be itemized to include all expenses for which reimbursement is being requested, and must have receipts for expenditures attached, prior to approval and payment.

The BOD meets once per month and expense vouchers are approved at that time. All requested reimbursements should be turned in as soon as possible, but no later than within 30 days of the expense.

All requests for reimbursement of expenses during the month of December should be submitted by the 15th for reimbursement by the end of the Fiscal Year. Any voucher submitted after that time may not be reimbursed during the current fiscal year and may require special consideration by the BOD and delay of reimbursement depending on available budget funds.

1. Completely fill out the requested information. Listing the activity or purpose of the expense, (i.e. ACC, POOL, HALLOWEEN CARNIVAL).
2. Explain the type of expense (i.e. postage, food, rental)
3. Attach receipts for expenditures, sign, date and turn into the Management Company for submission to the BOD for approval prior to check disbursement.

Should you have any questions, please contact the Management Company or a Member of the Board of Directors.

PAYEE:_____

ADDRESS: _____

CITY, ZIP:_____DATE:_____

ACTIVITY OR COMMITTEE:

FOR OFFICE USE ACCOUNT NUMBER	EXPLANATION OF EXPENSE	AMOUNT
		$
	TOTAL EXPENSES	$

APPROVED BY: THREE BOARD OF DIRECTORS SIGNATURES ARE REQUIRED

SIGNATURE: DATE:

_____ _____

_____ _____

_____ _____

FOR OFFICE USE ONLY

DATE VOUCHER RECEIVED: _____ DATE OF CHECK_____

CHECK NUMBER: _____ AMOUNT OF CHECK: _____

REVISED3/27/08