

Brigadoon Owner Association Expense Report

PURPOSE: _____

STATEMENT NUMBER: _____

PERIOD: From Date _____

To Date _____

SUBMITTER INFORMATION:

Name _____

Phone _____

Position _____

Address _____

Date	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
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APPROVED: _____

NOTES: _____

Subtotal	\$ -
Advances	
Total	\$ -