

# Nottingham Estates Association Expense Report

Association Purpose

|  |             |  |                               |
|--|-------------|--|-------------------------------|
| Name:  |             |  | <b>Covered Expense Period</b> |
| Address:   | Home Phone: |  | From:                         |
| City: <b>Owasso</b> State/Zip: <b>Oklahoma 74055</b> | Cell Phone: |  | To:                           |

| Date                  | Vendor | Printing | Postage | Office Supplies | Landscape Maintenance | Repairs | Professional Services | Social | Other | Total |
|-----------------------|--------|----------|---------|-----------------|-----------------------|---------|-----------------------|--------|-------|-------|
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
|                       |        |          |         |                 |                       |         |                       |        |       |       |
| <b>Total Expenses</b> |        |          |         |                 |                       |         |                       |        |       |       |

1) Attach original receipts for all expenses listed

2) Sign and date

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

|           |       |
|-----------|-------|
| Approval: | Date: |
|-----------|-------|

|                     |  |
|---------------------|--|
|                     |  |
| <b>Less Advance</b> |  |
| <b>Balance Due</b>  |  |