

Logan Square Neighborhood Association

Reimbursement/Expense Report

Date of Request: _____

Purpose: _____

Documentation Submitted:

Amount Requested: _____

Name: _____

Yes _____

Address: _____

No _____

Telephone Number: _____

Email Address: _____

Date Approved by Board: _____

Date of Disbursement: _____

Amount _____

Check # _____

NOTES: _____