

NEIGHBORHOOD CLUB

Expense reimbursement

Date _____

Name _____

Address _____

Amount requested \$ _____

Charge to:

____ **Bowling**

____ **Grounds Maintenance**

____ **House Maintenance**

____ **Postage**

____ **Printing and supplies**

____ **Social events**

____ **Clambake**

____ **Halloween party**

____ **Holiday party**

____ **Other social (please specify)**

____ **Tennis**

____ **Miscellaneous (please specify)**

Please *staple* your receipts to this form and mail to Kathy Sevigny, 56 Glen Street, Dover, MA. 02030.

