

Strongroom | Payment and Transfer Request Form

Date of Request: 7/14/2023

Branch Name: Principal Management Group of North Texas

Recurring Invoice: No

How many times: NONE

Day of Month to Pay:

Payment FROM Association: Park View HOA

Payment Payable TO: Stephanie S Begley

Care Of (as applicable):

Vendor Address: 2737 Denali Park Drive

City, State & Zip: Grand Prairie, TX 75050

Payment FROM Bank Account: Primary Operating Account

Department:

Reason for Payment Request: Reimburse homeowner for overpayment 00360-1930 \$190.00

Payment Due Date:

Invoice Amount: \$190.00

Amount & GL Code: 2050

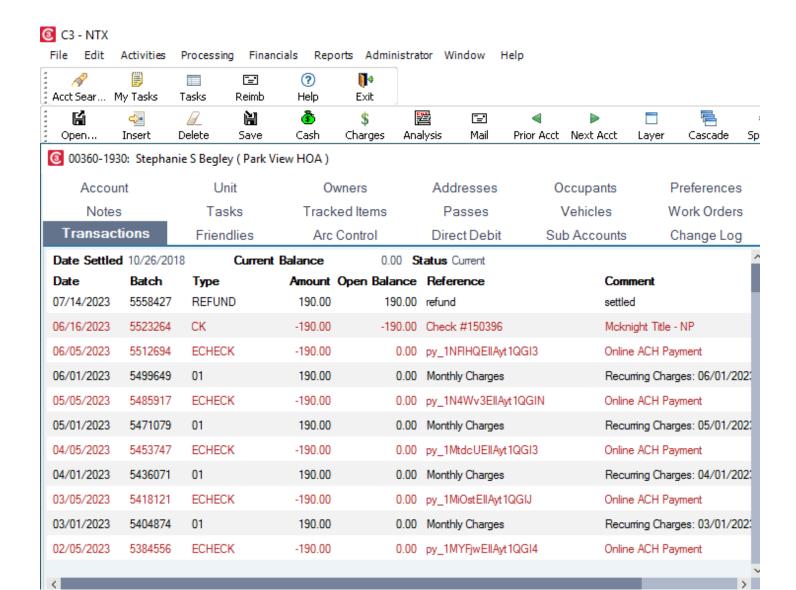
Amount & GL Code: Amount & GL Code: Amount & GL Code:

NOTE

- ACH Payment Information must be sent using the Vendor Master Maintenance Form located on the intranet under Client Accounting > Client Shared Services Center.
- If this is an emergency payment request, please fill out and submit the Emergency Payment Request Form. Then send filled out form to ClientAP-emergency@associa.us

Requestor Name: alicia mosley

Requestor Phone: Requestor Email:



Park View HOA

