



## Strongroom | Payment and Transfer Request Form

**Date of Request:** 6/20/2023

**Branch Name:** Professional Community Management

**Recurring Invoice:** No

**How many times:** NONE

**Day of Month to Pay:**

**Payment FROM Association:** Belcourt Neighborhood Assoc.

**Payment Payable TO:** Stacia Danielle Karcher

**Care Of (as applicable):**

**Vendor Address:** 3239 South Edenglen Avenue 4

**City, State & Zip:** Ontario, CA 91761

**Payment FROM Bank Account:** Primary Operating Account

**Department:**

**Reason for Payment Request:** Reimburse homeowner for overpayment **00229-0287**

**Payment Due Date:**

**Invoice Amount:** \$ 251.18

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](mailto:ClientAP-emergency@associa.us)

**Requestor Name:**

**Requestor Phone:**

**Requestor Email:** sharon.harris@associa.us

C3 - PRO

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00229-0287: Stacia Danielle Karcher ( Belcourt Neighborhood Assoc. )

Account

Unit

Owners

Addresses

Occupants

Notes

Tasks

Tracked Items

Passes

Vehicles

Transactions

Friendlies

Arc Control

Direct Debit

Sub Accounts

Date Settled

11/29/2018

Current Balance

0.00

Status

Current

Date	Batch	Type	Amount	Open Balance	Reference	Comments
06/20/2023	3376776	REFUND	251.18	251.18	refund	refund
06/01/2023	3336165	01	251.18	0.00	Monthly Charges	Recu
06/01/2023	3347588	01	-251.18	0.00	Reverse 19569968	06/03
05/23/2023	3347586	CK	-251.18	-251.18	Check #138378	Craft
05/05/2023	3332828	ECHECK	-251.18	0.00	py_1N4VGEEIIAyt1QGIY	Online

Branch  
PCM

Association  
Belcourt Neighborhood Assoc.

Vendor Name

Stacia Danielle Karcher

Category

Homeowner

Type

Homeowner Reimbursement

Account

Stacia Danielle Karcher (2290287) - AR - 3239 SOUTH EDENGLLEN AVENUE 4

Address Ref.

Reference Name

Country

United States of America

Address Line 1

3239 SOUTH EDENGLLEN AVENUE 4

Address Line 2

City

Ontario

State/Province

California

ZIP/Postal Code

91761