

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:

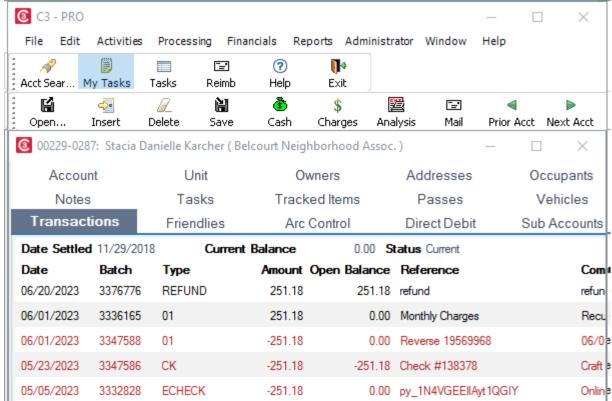
NOTE

- 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

Requestor Name:

Requestor Phone:

Requestor Email: sharon.harris@associa.us



Branch

Association

PCM

Belcourt Neighborhood Assoc.

