

## Strongroom | Payment and Transfer Request Form

Date of Request: 7/12/2023

**Branch Name:** Desert Resort Management

Recurring Invoice: No

How many times: NONE Day of Month to Pay:

Payment FROM Association: Big Bear Shores HOA

Payment Payable TO: James A & Margaret Butler TTE

Care Of (as applicable): Butler Revocable Family Trust

**Vendor Address:** 6065 E. Haskins Ct

City, State & Zip: Prescott Valley, AZ 86314

Payment FROM Bank Account: Primary Operating Account

**Department:** 

Reason for Payment Request: Reimburse homeowner for overpayment 00172-8608-SETTLED

**Payment Due Date:** 

Invoice Amount: \$250.00

Amount & GL Code: 2050

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

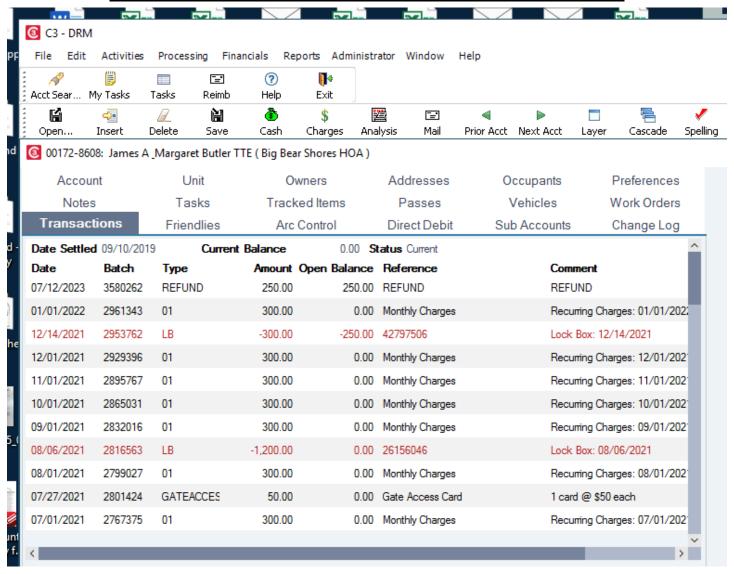
## NOTE

- 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 <a href="mailto:ClientAP-emergency@associa.us">ClientAP-emergency@associa.us</a>

Requestor Name: TRACY ROBINSON

Requestor Phone: Requestor Email:

## **Submit Form to Your Branch Invoices Email Address**





Branch Association
DRM Big Bear Shores HOA

