

Date Paid _____	Check # _____
Account: <input type="checkbox"/> HOA	<input type="checkbox"/> Ecovillage <input type="checkbox"/> Meals
Office use only	

CoHo Ecovillage and CoHo Cohousing HOA
Payment Request & Reimbursement Report
Attach Receipts or Suitable Documentation for All Requests

Pay to: _____
 CoHo Member or Vendor

ATTACH RECEIPTS

Date	Receipt Information Vendor & Items Purchased	\$ Amount	Purpose of Expenditure	Budget line (if known)

Total in this Request \$ _____

Workshare Team

Workshare Team Chair Signature Date

Treasurer's Signature Date