Evergreen Commons Association

EXPENSE CLAIM FORM

Name:	**Lot #**
Address:	Sacramento, CA 95821

Return form with receipts attached to: ECA, 4427 Park Green Ct. ,Sacramento, CA 95821 or drop in box by main gate.

Reimbursement will be mailed to homeowner unless other plans are specified.

Expense Items

Date	**Description**	**Amount**
		$
	TOTAL AMOUNT	**$**

Please attach receipts.

Signature of Claimant:	**Date:**
Approved by: /	**Date:**
Paid by Check#: **Date:**	