

Jackson Creek Filing No. 5 Homeowners Association  
Miscellaneous Expense Claim Form

Claimant Name: \_\_\_\_\_  
 Claimant Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO:**

Kristie McKitterick  
 Balanced Bookkeeping & Community Assoc. Mgmt  
 4765 Meadowland Blvd.  
 Colorado Springs, Colorado 80918

I CERTIFY THAT THE FOLLOWING IS A TRUE STATEMENT OF EXPENSES INCURRED BY ME FOR OFFICIAL AUTHORIZED BUSINESS ON BEHALF OF JACKSON CREEK FILING NO. 5 HOMEOWNERS ASSOCIATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ RECEIPT(S) ATTACHED  
 (if receipt(s) are not available, explain why below)

DESCRIPTION/PURPOSE OF EXPENSE	AMOUNT
1	
2	
3	
4	
5	
6	

TOTAL EXPENSES: \_\_\_\_\_  
 LESS: CASH ADVANCE \_\_\_\_\_  
 LESS: EXPENSES DIRECTLY BILLED TO HOA \_\_\_\_\_  
 TOTAL REQUESTED: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_  
 APPROVED DATE: \_\_\_\_\_  
 BUDGET: \_\_\_\_\_  
 CHECK #: \_\_\_\_\_