

**SEBRING FALLS  
PROPERTY OWNERS ASSOCIATION  
SUBDIVISION EXPENSE VOUCHER**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

RECEIPTS MUST BE ATTACHED

PURCHASED FROM: \_\_\_\_\_

REASON FOR PURCHASE:

\_\_\_\_\_  
\_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SIGNATURE AND DATE OF BOARD MEMBER  
APPROVING THE EXPENSE**

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

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHECK #: \_\_\_\_\_ DATE PAID: \_\_\_\_/\_\_\_\_/\_\_\_\_