

DATE : _____

TO: ACCOUNTS PAYABLE DEPT.
Imperial Properties Corp.
202 - 83 Shrebrook Street
Tel. (204) 272-8799 Fax: (204) 272-8798
Email: info@imperialproperties.ca

General Instruction: Reimbursements should be countersigned by at least two representatives of the Board. Properly authorized and approved requests for reimbursement will be processed within 14 days of receipt. Cheques will be mailed unless otherwise stated.

REQUESTED BY : _____

POSITION : _____

CONDO CORP NO. : _____

BUILDING NAME OR ADDRESS : _____

MAKE CHEQUE PAYABLE TO : _____

ADDRESS : _____

City: _____ Province: _____ Postal Code: _____

PURPOSE OF PAYMENT : _____

AMOUNT : \$ _____

SPECIAL INSTRUCTIONS : _____

ALLOCATED IN THE APPROVED BUDGET Yes No

Approved by:

Verified By:

Received by:

Board Member

Property Manager

Accounting Department

Board Member

Received

Date : _____

Cheque Release Date: _____

Cheque No. : _____