



**LAKE POINTE CHAPTER  
EXPENSES – CHECK REQUEST**

Name \_\_\_\_\_ Office \_\_\_\_\_  
Purpose \_\_\_\_\_ Committee \_\_\_\_\_  
Dates \_\_\_\_\_ Com. Chair \_\_\_\_\_  
Address to be mailed to: \_\_\_\_\_  
\_\_\_\_\_

**EXPLANATION / DETAIL OF EXPENSE AMOUNT**


TOTAL TO BE REIMBURSED \_\_\_\_\_  
GIVE WITH ORIGINAL RECEIPTS ATTACHED AT NEXT MEETING OR MAIL TO:  
Pat Uribe  
Re/Max Suburban  
43599 Schoenherr Suite 100  
Sterling Hts., MI 48313  
Office: 586-262-2000 x:232  
Fax: 586-262-2020  
Email: [puribe@remax.net](mailto:puribe@remax.net)

DATE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_  
A member of the NATIONAL ASSOCIATION OF REALTORS