



Whispering Meadows HOA

Request for Reimbursement

Hand Filled Version

Before submitting a request we ask that expenditures be accumulated to meet a minimum of \$10.00. All receipts must be attached. Authorization must be obtained from a Board Member prior to reimbursement.

Date: _____ Item: _____

Business: _____ Account: _____ Amount: _____

Date: _____ Item: _____

Business: _____ Account: _____ Amount: _____

Date: _____ Item: _____

Business: _____ Account: _____ Amount: _____

Date: _____ Item: _____

Business: _____ Account: _____ Amount: _____

Date: _____ Item: _____

Business: _____ Account: _____ Amount: _____

Total: _____

Submitted by: _____

Authorized by: _____

Issue reimbursement check to: _____

Address: _____

Phone _____

To be completed by Treasurer

Check No. _____ Issued on: _____ By _____