



Whispering Meadows H.O.A.

Request for Reimbursement

PC 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
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