

Reimbursement Form
Hidden Beach Homeowners Association

Staple receipts here

Homeowner:

Please fill out the information below and return your receipts along with this form to the Board member who authorized this expenditure. A check will be mailed to you or brought to your home.

Name: _____

Address: _____

Reasons for spending (please be specific):

Spending authorized by: _____

Spending limit: _____

Amount spent: _____ Date: _____

Your signature: _____

Board member:

Please fill out the rest of this form and submit it with receipts to the Treasurer/Administrator for payment. Please be prompt so payment can be made in a timely manner.

Amount: _____ Account to be charged: _____

Amount: _____ Account to be charged: _____

Total approved: _____

Approved by (signature): _____ Date: _____

Treasurer: Check no: _____ Date issued: _____