



Reimbursement Request

Date of Request: _____

Condo/Homeowner Association Name: _____

Homeowner Name: _____

Mailing address: _____

Homeowner's Phone # (Please include area code) _____

Homeowner's E-mail Address: _____

Reason for Reimbursement:

Total reimbursement amount: \$_____

*****Note***** Please attach copy of the receipt(s) when submitting the form. Missing back-ups/information may result in delay of your reimbursement. ***

Approved on _____

Approved by: _____

_____ Board _____ Manager _____ Other (explain)

This reimbursement form should be used for any items which have been approved by the MD Board as necessary expenditures. Once the form is completed, it, along with all receipts, should be sent to 2 MD Board Members for approval & forwarding to OH/GNO for reimbursement/payment.