

Reimbursement Request Form

You must have written HOA Treasurer approval prior to using this form

Date of Request _____ Requested by _____

Email _____ Phone _____

Payment Preference (pick one)

Check (made out to) _____

Zelle to (email or phone number) _____

Amount of Reimbursement _____

Describe Purchase _____

If the purchase has already occurred, please attach the receipt(s) to this form and then submit to the treasurer. Otherwise, attach invoices or receipts within 10 days of purchase and then submit to the treasurer. Approval must be obtained prior to all purchases.

Failure to do so may result in non-reimbursement.

Requestor Signature _____

Questions? Contact treasurer@chastworth.me

FOR TREASURER USE ONLY	
Date Issued _____	Ref Number _____
Budget Category _____	
Comments _____	

Treasurer Signature _____	