

Estates at Shannon Ridge HOA

EXPENSE REIMBURSEMENT FORM

(Please attach receipts)

Date: _____

Payee Name: _____

Address: _____

City, State Zip: _____

Requested by: _____ Title: _____

Budgeted item? Yes No Non-budgeted item approval? Yes No

Approved by: _____

Non-budgeted items must have prior approval for reimbursement. Non-budgeted items over \$50 must be voted on by the board prior to spending/reimbursement. Budgeted items \$50 or more over budgeted amount must also be voted on by the board prior to spending/reimbursement.

<u>Budget Line Item #</u>	<u>Description of Expense</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REIMBURSEMENT TOTAL \$ _____

Check # _____ Date issued _____

By: _____