

Rosemount Place Homeowners Association

Reimbursement Request Form

Please complete this for in full with appropriate signatures. Attach related receipts or documentation and submit to Treasurer for reimbursement.

NOTE:

A Committee Chairman or Board Member must approve all committee expenditures to receive reimbursement for association purchases.

Homeowner's Name: _____

Address: _____

Phone Number: _____

Expected Reimbursement Amount: \$ _____

Please circle appropriate group/committee:

ACC Board Communications Landscape Social Other

Event or Reason for Purchase: _____

List Items Purchased: _____

Homeowner's Signature:

_____ Date: _____

APPROVED BY

Committee Chairman: _____

OR

Board Member: _____

REIMBURSEMENT

Check Number: _____ Amount: _____ Date: _____