



Woodruff Lake Homeowners Association

213 E. Butler Road, Suite E2,
Mauldin, South Carolina 29662

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Email: woodrufflake@hoapartner.com

REIMBURSEMENT FORM

TOTAL Reimbursement amount \$ _____

Check Payable to _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Board member approving reimbursement:

Name: _____ Date: _____

Signature: _____

List items purchased separately. Use a continuation page if necessary. Please attach the receipt(s).

	\$ Amount	Vendor/Description	Charge To (Committee or Account)
1)			
2)			
3)			
4)			
5)			

FOR OFFICE USE ONLY

Date Paid _____

Check # _____