

# Oxford Place Property Owner's Association Reimbursement Request Form

Mail all reimbursements to:  
Oxford Place POA  
P.O. Box 1283  
Fort Mill SC 29716

**NOTE: Original receipts must be attached.**

Homeowner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

	Date	Store Name	Amount
1			
2			
3			
4			
			Total Reimbursement \$

If reusable, where will these items be stored when not in use (*NOTE: Also, complete Fixed Asset Form*)? \_\_\_\_\_

Neighbor Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

POA Board Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Reimbursement Check Number: \_\_\_\_\_ DATE: \_\_\_\_\_