



Hammond Landowners Association

REQUEST FOR REIMBURSEMENT

1. PROVIDE THE FOLLOWING REIMBURSEMENT INFORMATION:

Reason for Reimbursement: _____

For Road Reimbursement Name of Road: _____

Reimbursement Amount: \$ _____

Make the check payable to (Print):

- Name: _____
- Address: _____
- Phone Number: _____

2. ATTACH THE ORIGINAL RECEIPTS/PROOFS OF PAYMENT TO THIS REQUEST.

To obtain road reimbursement, the receipts must have the signatures of two HLA members who can certify the work was done.

Identify the signatory members:

Print Name #1: _____

Print Name #2: _____

**3. MAIL THE REIMBURSEMENT REQUEST TO: *Hammond Landowners Association
PO Box 795, Mt. Shasta, CA 96067.***

QUESTIONS? Please see the HLA website: www.hammondlandowners.org

HLA TREASURER ONLY

CHECK NUMBER _____ DATE _____

BUDGET CATEGORY _____

IF ROAD REIMBURSEMENT-NAME OF ROAD: _____