



Hammond Landowners Association REQUEST FOR REIMBURSEMENT

1. PROVIDE THE FOLLOWING REIMBURSEMENT INFORMATION:

Reimbursement Amount \$ _____

Make the check payable to (Print):

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

2. ATTACH THE ORIGINAL RECEIPT/PROOF OF PAYMENT TO THIS REQUEST.

NOTE: If this is a request for road reimbursement only, ensure the receipt has the signatures of two HLA members who currently live on the road.

Please also identify the members as follows:

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: _____