

# Clipper Ridge Homeowners Association Reimbursement Form



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

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

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

*Remember to attach all receipts to this form.*

Expenses to be considered for reimbursement:

Date:	Item Description:	Expenses:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Reimbursement: \$ \_\_\_\_\_

I certify that all expenses list above were incurred for the benefit of the Clipper Ridge Homeowners Association, and I am requesting to be reimbursed for these expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date