

REQUEST FOR REIMBURSEMENT FROM HOA

C/O Foster Management 700 Ken Pratt Blvd., STE 111 Longmont, CO 80501 Phone: (303) 532-4148 Fax: (888) 697-8805

Name of Association: _____

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____ Email: _____

Describe Reimbursement (Attach Receipt(s) that you are requesting reimbursement for):

TOTAL REIMBURSEMENT: _____

I understand that I must submit receipts, and receive the written approval from the Association in order to be reimbursed for any expenses incurred. Submittal of a reimbursement request does not guarantee the approval of the HOA Board to grant reimbursement to a homeowner. Pre-Approval of the Board is always suggested, to ensure the Board's willingness to reimburse costs incurred by the homeowner.

I have read and fully understand the above.

Unit Owner Signature: _____ DATE: _____

BOARD APPROVAL OF REIMBURSEMENT

Approved as submitted Disapproved (See Comments)
 Approved subject to (See Comments)

COMMENTS: _____

Board Member Signatures:

_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date

Rec'd _____ Crucial Date _____ Committee Date _____ Committee Return _____