

# Expense Reimbursement Form

## Fairway View Condominium Association

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

Owner Unit #: \_\_\_\_\_

Expenditure Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchase Date	Item Description	Total
Total:		

\*\*\*Please ensure that all receipts for items listed above are attached to this form. Forward signed document to property manager for reimbursement by check.\*\*\*

I certify that the expense(s) listed above are accurately recorded and represent only expenditures made for HOA purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account/Code: \_\_\_\_\_