

## Reimbursement Request Form

### Harbour Point Community Association, Inc.

Date:	
Payee Name:	
Payee Address:	
Payee Phone #:	
Amount Due to Payee:	
Description of Expense:	
Expense to go toward what part of Budget:	

Committee Member Name: \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_

Board Member Name: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_

All requests must include copy of receipts.

Send the completed form and receipts to: Sha Ben and Associates, PO Box 3189, Suwanee, GA 30024, phone 770-271-2252, fax 770-271-8433