

**Reimbursement Request Form
Harbour Point Community Association, Inc.**

Date: _____

Payee Name: _____

Payee Address: _____

Payee Phone #: _____

Amount Due to Payee: _____

Description of Expense: _____

To what part of budget should expense be applied? _____

Committee: _____

Committee Member Name: _____

Committee Member Signature: _____

Board Member Name: _____

Board Member Signature: _____

All requests must include copy of receipts. Please scan and email the completed form and receipts to the manager@harbourpointlakelanier.com. If you wish to send form and receipts by postal mail, please contact the Property Manager for the correct address.