

**The Legends at Santa Rita Springs Homeowners Association
REIMBURSEMENT REQUEST FORM**

Name: _____

Committee: _____

CHECK INFORMATION

Did you use the Association Credit Card? Yes _____ No _____

Purpose of Expenditure: _____

Amount Requested: _____

Made Payable To: _____

Mailing Address: _____

AUTHORIZATION

Signature of Requester: _____

Signature of Committee Chairperson: _____

APPROVAL

Approved _____ Denied _____

Approver Name: _____

Approver Signature: _____

Date Check Issued: _____

Check Number: _____

Date Check Mailed: _____

GL#: _____

Instructions: Fill out this form through "Authorization" section and submit it, along with all receipts, to the HOA Treasurer for approval.