



HOA Homeowner Reimbursement Form

To receive reimbursement for HOA expenses, please fill out this form:

HOA Name: _____

Homeowner Name: _____

Unit #: _____

Date	Vendor	Purpose of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount (\$):			_____

<i>Receipts Required</i>	<input checked="" type="checkbox"/> Select Reimbursement Method:
<i>Receipts must be attached to show proof of payment. Receipts must show the date, vendor/location, method of payment, and item purchased.</i>	<input type="checkbox"/> Physical Mailed Check: <input type="checkbox"/> <input checked="" type="checkbox"/> Ledger Credit: <input type="checkbox"/>

Homeowner/Requestor Signature

Date

Send completed form and receipts to either:

ap@bluehorizonmanagement.com (preferred method for faster processing)

Blue Horizon Management Co., 2020 Alameda Padre Serra, Suite 220, Santa Barbara, CA 93103

NOTES:

1. This request will be sent to your Board of Directors to review and approve. Reimbursement will only be issued upon the Board's approval.
2. Reimbursement by check will be mailed to your mailing address on file, made payable to the legal homeowners on file.
3. In the spirit of transparency of your HOA's financials, this form, including attached receipts, will be included, in full, with your HOA's published financials packets, which are available to the membership.

