

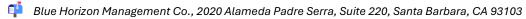
## **HOA Homeowner Reimbursement Form**

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

HOA Name:					
Homeov	wner Name:				
	Unit #:				
m Date	<u></u> Vendor	? Purpose of Expense		\$ Amount	
		Total Amount ( \$ ):			
Receipts Required			✓ Select Rein	nbursement Metho	d:
	Receipts must be attached	🃫 Physical Mailed Check: 🔲			
Receipts must show the date, vendor/location, method of payment, and item purchased.			📈 Ledger Credit: 🔲		
Homeowner/Requestor Signature			Date	=	

Send completed form and receipts to either:

<u>ap@bluehorizonmanagement.com</u> (preferred method for faster processing)



## 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.

