



# 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 (\$):			_____

\_\_\_\_\_

Homeowner/Requestor Signature Date

**Receipts**

Receipts must be attached to show proof of payment.  
 Receipts must show the date, vendor/location, method of payment, and item purchased.

- 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 will be issued via a check mailed to your mailing address 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.
  4. Submission Options: We recommend that you submit this form online on our website at [www.bluehorizonmanagement.com/forms](http://www.bluehorizonmanagement.com/forms)  
 Or, if you prefer, you may send this form to the email or physical address below.

