



Reimbursement Request

The purpose of this form is for board members or their designees to request reimbursements of expenses incurred while carrying out association business.

A form W-9 is not required since this is not reportable income.

Property Name: _____

Property Code: _____
(leave blank if unknown)

Requestor's Name: _____

Mailing Address: _____

**Is this the first time this person
has been reimbursed from
this Association?**

Yes No

Contact Number: _____

Contact Email: _____

Summary of Request: _____
(i.e. food for Spring Fling 5-6-12):

Amount Requested: \$ _____

Please attach all receipts to this request!

Requests received without receipts will delay processing and require additional board approval.

We make every effort to issue reimbursement checks within 7 days of receipt.

**Remit this form along with copies of receipts to:
reimbursement@cmacommunities.com or fax (866) 737-5318**

THIS SECTION TO BE COMPLETED BY THE COMMUNITY ASSOCIATION MANAGER			
Draw Funds From Account	1015	or other <i>(please specify)</i>	_____
Expense Itemization	GL #	Dept	Amount
			Total: \$ _____
Manager Approval: _____		Date: _____	
Check #: _____	Processor: _____	Date: _____	