

PLANTATION OAKS RESIDENTS ASSOCIATION

REIMBURSEMENT REQUEST

(Maximum \$250 unless prior Board approval except for funds paid by admissions for social events.)

Print Name: _____ Date: _____

Telephone Number: _____

Reason for reimbursement (including function if appropriate: _____.

Income: _____

Expense: (provide receipts of purchase, PORA expense items only on the receipts please)

_____ Sales Tax Paid: _____

Amount requested: \$ _____

Make check payable to: _____

I certify that all of the above/attached information is true and correct and that all documentation is attached.

Signature of requester: _____

↓ Below this line for Treasurer use only ↓

Date: _____ Check #: _____ Amount \$: _____

Expense category(ies): _____

Approved By: _____