

Forest Glen Station HOA Treasury Committee
Request for Reimbursement
Instructions and Procedures when Submitting
Request for Reimbursement
Version 1 (May 10, 2003)

- Procedure:**
- (1) Form completed and signed
 - (2) A reason defending the request for reimbursement is required
 - (3) Receipts must be attached
 - (4) Completed form submitted to the Treasury Committee for evaluation
 - (5) After evaluation, the Treasury Committee will make a recommendation to HOA Board of Directors for disposition at next HOA Board Meeting or sooner
 - (6) Individual will be informed of the final outcome
when approved:
 - (7) HOA Board of Directors President must sign for the release of the funds
 - (8) HOA Board of Directors President shall call CMI to release a check
 - (9) This form shall be on file for two years with the Treasury Committee
 - (10) Approved reimbursements should be recorded in the Minutes of the Meeting

Forest Glen Station HOA Treasury Request for Reimbursement Form

Submittal Date: _____

Total Reimbursement Cost Requested: _____

Name (HOA Office title, if any), address, and phone number of Requestor(s):

Name: _____

Address: _____

Phone #: _____

e-mail address: _____

Provide a cost breakdown of the services/items purchased in the name of the Forest Glen Station HOA. Receipts must be attached to this form to support any claim:

Explain how this purchase serves all the members and why it should be reimbursed from the funds of the Forest Glen Station HOA:

Signature of Requestor

Date _____

**Forest Glen Station HOA Treasury Committee
Request for Reimbursement
Evaluation Form**

Date Request was received from Requestor: _____

Date Treasury Committee completed the evaluation: _____

Date the HOA Board of Director's meeting will vote on the Request: _____

Recommendation from the Treasury Committee to the HOA Board of Directors:

Approve

Disapprove

Treasury Committee Members who performed the review (print name, sign, and date):

Explain the recommendation to the HOA Board of Directors: _____

Final Disposition from the HOA Board of Directors: **Approved** **Disapproved**

Record HOA Board vote: FOR: _____

AGAINST: _____

Signature of the President of the Board of Directors and final approval status in writing:

_____ Date: _____

If approved, date authorization was forwarded to CMI for payment: _____

If approved, the check number and date reimbursement was issued:

Check Number _____

Date of Check _____