Highland Ridge Homeowners Association

Expense Reimbursement Request

Total Reimbursement Amount

Requestor Name: _____

Date Submitted: _____

Requestor Address: _____

Submitted To: _____

Approved by: _____

Request must be submitted to a committee chairperson for approval.
All cash register receipts must be attached below or to a 8 1/2 x 11 sheet of paper with TAPE (no staples)

Vendor Name	Amount