

PLANTATION OAKS RESIDENTS ASSOCIATION

REIMBURSEMENT REQUEST
(Maximum \$100 unless prior Board approval)

Print Name: _____ Date: _____

Telephone Number: _____

Reason for reimbursement (including function if appropriate):

Income: _____

_____ Sales Tax Collected: _____

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: _____

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

Expense category(ies): _____

Approved By: _____