

LEMAR ESTATES TOWNHOME ASSOCIATION

REIMBURSEMENT REQUEST

Name _____

GENERAL DESCRIPTION

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

I hereby request reimbursement for the goods and services shown above that I have paid for out of pocket on behalf of LeMar Estates. I have attached supporting documentation when available.

Signature

____/____/____
Date