



# Sunrise Pointe Home Owners Association Expense Reimbursement Form

801 938-4228 || [board@sunrise-hoa.com](mailto:board@sunrise-hoa.com) || [www.sunrise-hoa.com](http://www.sunrise-hoa.com)

**Return to a member of the board or mail to:**

P.O. Box 25143  
SLC UT 84125-0143

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Lot#: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please list expenses below for tracking purposes. Attach all receipts to this form and submit to the current Treasurer of the HOA.

**Expenses to be considered for reimbursement:**

Date:	Description/Reason:	Expense:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Reimbursement: \$ \_\_\_\_\_

I certify that all expenses listed above were incurred for the benefit of the Sunrise Pointe HOA Subdivision, were approved prior to expenditure and I am requesting to be reimbursed for these expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_