

**Individual/Committee Expense Form
Heritage Place Homeowners' Association**

To receive reimbursement for event and/or other HOA-related expenses, all items below must be completed and all receipts (copies are acceptable) attached. If you have questions, please contact Board Member Ted Conti 303-804-0120.

Individual Information

Submittal Date: _____ Name: _____

Email Address: _____

Committee/Event Information

Committee/Event Name: _____

Primary Committee Contact: _____ Phone: _____

Date of Event (if applicable): _____

Number of Attendees Expected (if applicable): _____

Summary of Event Plans (if applicable): _____

Reimbursement Information

Amount Requested for Reimbursement: \$ _____

How Money was Used: _____

Was this a budgeted expense? If no, requires additional explanation. _____

Reimbursement Needed by (insert date): _____

Signature: _____ Date: _____

BOARD ACTION

- APPROVED
- ADDITIONAL INFORMATION NEEDED (see below)
- DISAPPROVED

Additional Information Needed (if applicable): _____

Signature: _____ Date: _____
Signature: _____ Date: _____