REIMBURSEMENT REQUEST

PUALANI ESTATES AT KONA COMMUNITY ASSOCIATION

mburse to:			For the Period:	
Atta	ach original receipts fo	or all expenditures and submit with form for approval.	Keep a copy for yo	our file.
Date	Vendor	Description	Amount	Charge To
		TOTAL SUBMITTED FOR REIMBURSEMENT :		
•				•
	This statem	ent is correct to the best of my knowledge and is con	nplete for the perio	d indicated.
\$	Signature of Preparer:			_
	Board Approval:			
				_
Association	on Manager Approval:			