

REIMBURSEMENT REQUEST

Please include Receipts and Email or Fax to
crice@hoaupstate.com
HOA Community Mgt.
400 Regent Park Ct. Suite 100
Greenville, SC 29607
Fax: 864 277-3308

Association Name: WATERSIDE CROSSING

Reimbursement amount \$

Payable to:

Address:

Phone Number:

Purpose for reimbursement (include items purchased, etc.)

Board or Committee Chairperson approving reimbursement:

Name:

Date:

FOR OFFICE USE ONLY

Date Paid _____

Check # _____