

Bridgewater Homeowner's Association

Request for Expenditure or Reimbursement

Requestor Name _____
 Address _____

 Phone # _____
 Email _____

Please list expenses below

Date	Description/Purpose	Amount
		\$
		\$

Please submit completed form and original receipts to the BHA Treasurer.

If you have questions about the reimbursement process, please contact the treasurer. It will take a maximum of 72 hrs to process your check request.

 Board Member #1

Approved / Disapproved
 (circle one)

 Board Member #2

Approved / Disapproved
 (circle one)