

TO: Catie Windsor, SVN (catie.windsor@svn.com)

FROM:

DATE:

RE:

Attached are the receipts for the following items purchased for the HOA.

ITEM PURCHASED	PURPOSE	VENDOR (store)	AMOUNT
TOTAL REIMBURSEMENT AMOUNT			\$

Items were purchased by (address where reimbursement check will be sent:

Name:

Street address:

City, state, zip:

Email:

Phone: