

**CANAL WALK HOMEOWNERS
ASSOCIATION
REIMBURSEMENT OF ACTIVITIES EXPENSE**

ACTIVITY DATE _____

ACTIVITY _____

**COMMITTEE/CLUB OR PERSON REQUESTING
REIMBURSEMENT** _____

PHONE # _____ **AMOUNT \$** _____

**EXPENSE
DESCRIPTION** _____

CHECK PAYABLE TO: _____
ADDRESS: _____

OFFICE USE ONLY

MANAGEMENT: SUBMITTED BY: _____

BOARD: APPROVAL BY _____

**RECEIPTS COVERING TOTAL REIMBURSEMENT AMOUNT MUST
BE ATTACHED TO THIS FORM**