CAMP FLORIDA PROPERTY OWNERS ASSOCIATION

REIMBURSEMENT FORM

This form is intended to be used by individuals requesting that they be paid back for funds spent on / for P.O.A. business. As of February 16, 2015, applications for reimbursement will not be accepted unless accompanied by this form.

Name _____

Address _____

Amount Spent _____

Reason _____

_____

Circle Cost Category - Maintenance - Storage Area - Food - Entertainment

Signature _____

Print Name _____

P.O.A. Authorized Signature _____

Print Name _____

ATTACH COPY OF RECEIPT(S)