



**OAK RANCH ESTATES HOA  
EXPENSE REIMBURSEMENT FORM**

**PLEASE ISSUE A CHECK PAYABLE TO:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

PURPOSE OF REIMBURSEMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_