

# Grand Firs Homeowner's Association

Vista Property Management  
P.O. Box 73144  
Puyallup WA 98373

## Reimbursement Check Request Form (for approved spending)

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

AMOUNT: \$ \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR CHECK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED: \_\_\_\_\_

(president)

APPROVED: \_\_\_\_\_

(treasurer)

Receipt(s) must be attached to this form for reimbursement.

Form and receipt(s) must be submitted within 90 days of date on receipt(s).