

College Oaks Condominium Association Inc.

Reimbursement Form

Date: _____

Amount To Be Reimbursed: _____

Check Payable To: _____

Mail Check To: _____

Reason: _____

Board Member Approval: _____

2nd Board Approval: _____

Date Reimbursement Mailed/By Whom: _____

Bank Check Cut From: _____ Check #: _____