Villas of Babcock (Summerwind) Homeowners' Association, Inc.

Expense Reimbursement Form

Name: _____

Address: _____

Phone: _____ e-mail: _____

Please list expenses below along with the reason for the expense and attach receipts/statements for tracking purposes.

Expenses to be Considered for Reimbursement:

Date:	Item(s):	Reason:	Expense:
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		Total Reimbursement:	$

I certify that all expenses listed above were incurred for the benefit of the Villas of Babcock (Summerwind) Homeowners' Association, Inc. and I am requesting to be reimbursed for these expenses.

_____ _____

Signature Date

Mail Check to: _____

_____

_____

Send Form and receipts to:
Villas of Babcock (Summerwind) Homeowners' Assoc., Inc.
P.O. Box 300 E. Sonterra Blvd, Ste. 350 , San Antonio, TX 78258