



Resident Expense Reimbursement Request

Association Name:

Date: _____

Name: _____

Address: _____

Total Amount Due: _____

Expense Detail:

| Date: | Reason/Activity: | Amount: |
|-------|------------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Signature: _____

BOD Approval: _____ Date: _____
(Can not be signed by person requesting reimbursement)

Please attach all receipts. Board must approve reimbursement prior to submitting for payment processing.

Reimbursement request must be approved by Board President or Treasurer and can not be approved by person to be reimbursed.

Please submit your approved request including receipts to RealManage using one of the following methods:

1. e-mail – accountspayable@realmanage.com
2. Fax – 214-545-5237
3. Website – www.realmanage.com vendor portal
4. Regular Mail – Please use your branch specific PO Box address