

REIMBURSEMENT REQUEST SECTION

2 of 2

If you (a homeowner / volunteer) are requesting to be reimbursed for out of pocket expenses please fill in the Homeowner/volunteer section. Please note that under some programs/grants you may only be reimbursed half of your total expenses.

FOR HOMEOWNER / VOLUNTEER TO FILL IN

Payment Made to:

Check #

Date

Amount

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Out of Pocket Expense: \$ -

Please Reimburse:

In the amount of:

\$ -

Name of person the payment should be made to

Use the mailing address on the front?..... YES or NO

***Proof of outside expenses & proof of payment made MUST be attached to this sheet. This includes ALL invoices, receipts, copy of the check or check number & date written.**

If you (a HOA / Firewise Community) are requesting to be reimbursed for expenses paid to a homeowner for Defensible Space work related to a grant please fill in the HOA/Community section. Please make sure to include the grant # on the front of this document.

FOR HOA / FIREWISE COMMUNITIES TO FILL IN

Payment Made to:

Check #

Date

Amount

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Out of Pocket Expense: \$ -

Please Reimburse:

In the amount of:

\$ -

Name of HOA/Community the payment should be made to

Mail check to the following

***Proof of expenses & proof of payment made to the Homeowner MUST be attached to this sheet. This includes ALL invoices, receipts, copy of the check or check number & date written.**

*** PLEASE MAKE SURE THE FRONT OF THIS DOCUMENT IS SIGNED.***