

Northwest Cape Coral Neighborhood Association, Inc. Expense Reimbursement Form

Name: _____

Address: _____

Phone: _____ Email: _____

*Please list expenses below along with either the reason or budget category for the expense for tracking purposes. Attach **all** receipts to this form and submit to the Treasurer. When submitting by e-mail (treasurer@nwna.com), be sure to include copies of all receipts with the reimbursement form.*

SPECIAL NOTE: Amounts over \$300 require approval by the Board of Directors before purchase is made.

NWNA, Inc. Treasurer
P.O. Box 411
Cape Coral, FL 33993-0411

Invoice #: _____
(For Treasurer Use Only)

Expenses to be considered for Reimbursement:

Date:	Reason:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Reimbursement:		\$ _____

I certify that all expenses listed above were incurred for the benefit of the NWNA, Inc. and I am requesting to be reimbursed for these expenses.

Signature

Date Signed

Treasurer Signature

Check #

Date

Date _____ President's signature, when required.