

FHA Expense Reimbursement Request Form

Please issue a reimbursement check to: _____
Print Name

Location for delivery of check: _____

Total amount of Reimbursement: \$ _____

Purpose of Expense: _____

Description of Expense: _____

Approved by: _____
Board Member Signature

NOTE

- 1. Please attach all applicable receipts.*
- 2. Do not mix personal purchases with FHA items on receipts as they are subject to audit.*