

Northwest Cape Coral Neighborhood Association, Inc. Committee 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.

This form is to be used by NWNA, Inc. authorized committee chairpersons.
All committee projects must initially have prior approval by NWNA's President.

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

Committee Chairperson Signature

Date Signed

Treasurer Signature

Check #

Date Issued

_____ President's signature, when required.