

# 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:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Reimbursement:</b>		\$ _____

***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.**