

SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC.

Resident Expense Reimbursement Request

Association Name: Mira Lago West HOA

Date: _____
Name: _____
Address: _____

Total Amount Due: _____

Expense Detail:

Date:	Reason/Activity:	Amount:

Signature: _____

BOD Approval: _____ Date: _____
(Cannot be signed by person requesting reimbursement or any member of their household)

Please attach all receipts. Board must approve reimbursement prior to submitting for payment processing.

Reimbursement request must be approved by Board President, Vice-President or Treasurer and cannot be approved by person to be reimbursed or a person who cohabits at the same primary residence as the person being reimbursed.

Please submit your approved request including receipts to Sunstate Management using one of the following methods:

Email

Alisa@sunstatemanagement.com

or

Regular Mail

Mira Lago West
c/o Sunstate Association Management Group, Inc.
P.O. BOX 18809
SARASOTA, FL 34276