

SEDFIELD HOMEOWNERS ASSOCIATION

Payment/Reimbursement Request

Date: _____

Amount: _____

Purchase Description: _____

Requested By: _____

Make Payment to: _____

Payment Type:

- Invoice
- Check in advance of purchase
- Reimbursement
- Other: _____

Charge Account:

- Insurance
- Legal Expense
- Office Supplies
- Electric
- Capital Projects
- Landscape (mow/spray)
- Social
- Misc. Repairs
- Landscape (trim/mulch/weed)
- Pool permit
- Pool (labor/maint.)
- Pool (supplies)
- Other: _____

Please complete and attach receipts/other documentation and return to Treasurer. You may NOT approve payment to yourself. A completed form can be mailed to the Treasurer at:

Sedgefield HOA
316 Sweetgum Drive
Knoxville, TN 37934

Approved By: _____

Board Liaison for Committee or SHOA Officer