

**Legacy Villas Homeowners' Association  
P.O. Box 4596, Maryville, TN 37802**

**Expense Reimbursement Form**

Homeowner: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Maryville, TN, 37801

Telephone: (\_\_\_\_) \_\_\_\_\_

Was prior approval granted for purchase? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Approved by (check one):   \_\_\_ Treasurer           \_\_\_ President

Description of purchase (e.g.: Office Supplies, Social Event Supplies, Newsletter, etc.) (Please provide a detailed list.)

\_\_\_\_\_ (Est. \$ \_\_\_\_\_) \$ \_\_\_\_\_

\_\_\_\_\_ (Est. \$ \_\_\_\_\_) \$ \_\_\_\_\_

\_\_\_\_\_ (Est. \$ \_\_\_\_\_) \$ \_\_\_\_\_

\_\_\_\_\_ (Est. \$ \_\_\_\_\_) \$ \_\_\_\_\_

TOTAL       \$ \_\_\_\_\_

Requestors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach all original receipts to this form!**

Total Amount of Reimbursement: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Authorized by:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check one:   \_\_\_ Treasurer           \_\_\_ President