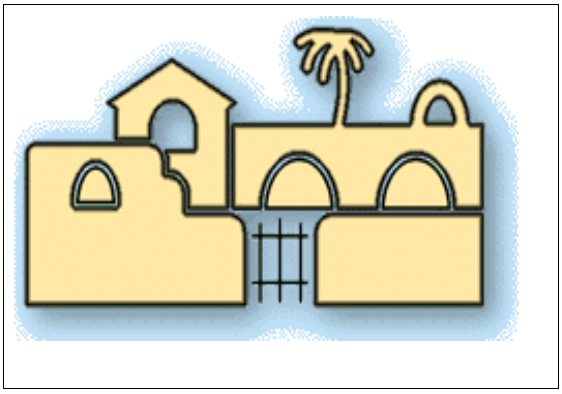

Esperanza Estates
Homeowners Association Inc.
PO Box 181
Green Valley, AZ 85622

Request for Reimbursement

Name: _____

Date: _____

Amount: _____ Receipt Attached Yes / No

Purpose:

Signature: _____

Budget Account Number: _____

Paid by Cash / Check # _____

Treasurer Signature _____

Date: _____