



**Grand Oaks Summit
Owners Association
6050 SW Grand Oaks Dr
Corvallis OR 97333-3972**

REIMBURSEMENT VALIDATION

Requested By _____

Date _____

Amount _____

Make Check Payable To
& Delivery Address _____

Accounting Info _____

APPROVED

Agent Date Ck # Date

Comments & Processing Information

****Please allow 30 days for reimbursement check to arrive****

Check # _____	Date Issued _____
Budgeted Item <input type="checkbox"/> Yes <input type="checkbox"/> No	Reserve Item <input type="checkbox"/> Yes <input type="checkbox"/> No
Summit Allocation _____	Grove Allocation _____