

REIMBURSEMENT REQUEST SECTION

If you (a homeowner / volunteer) are requesting to be reimbursed for out of pocket expenses please fill in the Homeowner/volunteer section. Please note that under some programs/grants you may only be reimbursed half of your total expenses.

HOMEOWNER INFORMATION

Payment Made to:	Check #	Date	Amount
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Total Out of Pocket Expense:	\$	-
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Total Acres Completed			@ acre	\$	-
				Match	-

Please Reimburse:	90 % of the total In the amount of:	-
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Name of person the payment should be made to

Use the mailing address on the front?.....	YES or NO
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*Proof of outside expenses & proof of payment MUST be attached to this sheet. This includes ALL bids & invoices, receipts, copies of cancelled checks , or credit card receipts & before & after photos. Please send photos to pawuic1@gmail.com

If you (a HOA / Firewise Community) are requesting to be reimbursed for expenses paid to a homeowner for Defensible Space work related to a grant please fill in the HOA/Community section. Please make sure to include the grant # on the front of this document.

FOR HOA/FIREWISE COMMUNITIES TO FILL IN

Payment Made to:	Check #	Date	Amount
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			\$ -
			\$ -

Total Out of Pocket Expense:	\$	-
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Total Acres Completed			@ acre	\$	-
				Match	-

Please Reimburse:	90 % of the total In the amount of:	-
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Name of HOA/Community the payment should be made to

Mail check to the following _____

*Proof of expenses & proof of payment made to the Homeowner MUST be attached to this sheet. This includes ALL invoices, receipts, a copy of the cancelled check, or echeck front and back, or copy of charge card statement.

* PLEASE MAKE SURE THE FIRST PAGE OF THIS DOCUMENT IS SIGNED. *