



REQUEST FOR REIMBURSEMENT

All invoices presented must not exceed authorization guidelines

NOTE: Please attach the **Original Invoice** (no fax/photocopies) and **Proof of Payment**. **Before & After Photos** are required for any work over \$200 (excluding utilities). **Copy of the Approved Estimate / Bid** is required for work over the authorized limits. **Conditional Waiver and Lien Release** is required for work exceeding \$1,500.

Asset # _____

PROPERTY INFORMATION			
Property Address:			Unit #
City:	County:	State:	Zip Code:
Property Status:		Date:	

PAYEE INFORMATION	
Make Check Payable To:	
Payee Mailing Address:	
Federal Tax ID#:	Contact Name:
Contact Phone #:	Contact Email:

	VENDOR	SERVICES DATE	TYPE OF WORK	AMOUNT PAID
UTILITIES				
Electric				
Gas				
Water				
INITIAL SERVICES				
Locksmith				
Trash Out				
Cleaning				
MAINTENANCE				
Gardening				
Monthly Cleaning				
Pool				
OTHER				
GRAND TOTAL REQUESTED FOR REIMBURSEMENT				

FOR BMG USE ONLY	
Tracking #:	Approved Amount:
Copy of Checks Attached?:	Approval Date:
Approved by:	W-9 on File?:
Unauthorized Amount:	Explanation: