

Hammett Crossing Reimbursement Voucher

Mail To: Wm. Goldsmith, Inc.
P.O. Box 1827
Greenville SC 29602

Date: _____

Please make check payable to: _____

Mailing Address: _____

Total Amount of Reimbursement \$_____ for (List all items separately and explain where to charge each item (G/L budget account number or description)

1) _____ Charge to _____

2) _____ Charge to _____

3) _____ Charge to _____

4) _____ Charge to _____

Signed: _____

Approval: _____
(HOA Board Member)

Please mail this form with all receipts attached to:

Wm. Goldsmith, Inc.
Association Management
P.O. Box 1827
Greenville, SC 29602

All invoices received by the 10th of the month will be paid on the 15th.

All invoices received by the 25th of the month will be paid on the last day of the month.

Thank you.