

Kenmure Property Owners Association
10 Kenmure Dr., Flat Rock, NC 28731

REIMBURSEMENT REQUEST

Date _____

Name _____

Address _____

Reimbursement Amount Requested _____ **

Item(s) Purchased _____

Approved By _____

Account to be Charged _____

** **NOTE** - copy of invoice, charge ticket, or other proof of purchase must be attached.