

**Refundable Expense Report
Administrative Resolution 11**

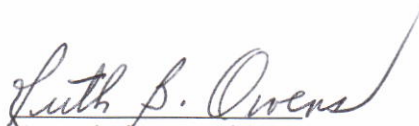
The duly elected Board of Directors of The Woods at Polaris Condominium Association establishes the following procedure to reimburse Unit Owners for authorized expenditures:

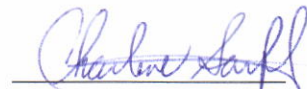
1. Authorized expenditures shall be processed using the Refundable Expense Report form (see attachment).
2. Payee Information:
 - Enter name and unit number of owner to be paid.
3. Purpose:
 - Explain the nature of the expenses.
4. Itemized Expenses:
 - Provide an itemized list of expenses.
 - Attach original receipts to your expense report.
5. “Authorized By” Signatures:
 - It is the “Authorized By” signatory’s responsibility to ensure that the expenditures have been authorized before approving the request for payment.
 - Normally the Association President shall be the designated “Authorized By” signatory.
 - In the absence of the President, the Treasurer shall be designated to sign and in the absence of both the Treasurer and the President, the Secretary shall be so designated.
 - In any case, no payment will be processed if the “Authorized By” signature is that of the payee. For example; if the President is the payee, the “Authorized By” signatory must be either the Treasurer or Secretary.

THE WOOD AT POLARIS CONDOMINIUM
ASSOCIATION, INC.

This resolution, Administrative Resolution 11, was revised at a meeting of the Board held on November 4, 2013 with the directors voting as indicated below:

Director	Yes	No	Abstain	Absent
Ruth Owens	<u>X</u>	___	___	___
John McEldowney	<u>X</u>	___	___	___
Charlene Sarff	<u>X</u>	___	___	___
Dan Bottorf	<u>X</u>	___	___	___
Jim Brady	<u>X</u>	___	___	___
Glenn Myres	<u>X</u>	___	___	___


Association President


Association Secretary

The Woods at Polaris Condominium Association, Inc.

A Corporation Not-for-Profit

Return to Property Manager referenced on Contents page

Refundable Expense Report

Payee Information: Name: _____

Unit: _____

Purpose: _____

Itemized Expenses

(Receipts must be attached for reimbursement consideration.)

Date	Description	Amount
	Mileage: _____ x _____ = (IRS standard rate for business miles driven.)	
		Total

Authorized By

Date

No payment shall be processed if the "Authorized By" signature is that of the payee.

DO NOT WRITE IN THIS BOX

Check Nr. _____ Amount: _____ Date: _____

Note: The association shall keep a copy of this report on file with the unit owner's records.