



Oceanside Community Association
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 760-757-3937 Phone
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 www.oceanaseniors.org
 Email: accounting@ocaoffice.org

CHECK REQUEST / REIMBURSEMENT REQUEST

PAYABLE TO: *(print)* _____

Street *(print)* _____

City _____ State _____ Zip _____

Phone *(_____)* _____

DELIVERY: _____ mail to vendor _____ hold at office for pick up

AMOUNT: \$ _____

PURPOSE: Indicate reason for the check request

Purchase: Attach receipt(s) for proof of payment.

Payment for _____

Deposit Refund: _____ \$25 Refund common area key # _____
 _____ \$75 Estate/Moving sale (after final inspection)
 _____ \$150 Clubhouse rental cleaning/security deposit
 _____ \$ _____ Other _____

PRINT Name _____ **Unit** _____ **House #** _____

Email _____ **Phone** *(_____)* _____

Signature _____ **Date** ____/____/____

OCA Use	Operating Account _____	GL # _____
Approvals	Receipt attached	NA / Yes / No
Manager _____	Date _____/____/____	
Other _____	Date _____/____/____	