



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
PH: (561) 641-8554 / FS: (561) 641-9448

Saturnia Isles Reimbursement Form

Date: _____ Name: _____

Address: _____

Total Amount Due: _____

Expense Detail:

Date:	Reason/Activity:	Amount:

Signature: _____

BOD Approval: _____ Date: _____

(Cannot be signed by the person requesting reimbursement or any member of their household)
Please attach all receipts. The board must approve reimbursement prior to submitting for payment processing.

A reimbursement request must be approved by the board and cannot be approved by the person being reimbursed or a person who cohabits at the same primary residence as the person being reimbursed.

Please submit your approved request including receipts to GRS Community Management one of the following methods:

- 1.E-mail: residentservices@grsmgt.com
2. Fax: 561-641-9448
3. Website: www.grsmgt.com
4. Regular Mail: 3900 Woodlake Blvd ste.309 Lake Worth, FL 33463