

Tenant Request for Reimbursement/Credit

This form should be completed and submitted by a tenant requesting a reimbursement/credit. This should <u>only</u> be completed and submitted by a tenant when they have all information/bills to present. PMC will not accept requests to modify the requested amount after this form is submitted.

Please attached all relative bills, invoices, e-mails, pictures, etc for us to consider

Tenant(s) Name:	
Property Address:	
Reason for request:	
If applicable, date tenant discovered issue:	
If applicable, date tenant notified office of issue:	
If applicable, date issue was resolved:	
Amount of expenses tenant incurred over and above "	"normal":
Amount requested by tenant:	
Tenant Signature Date Tenant Signat	ture Date Tenant Signature Date
For requests under \$100, a response will be given by the	the end of the 3 rd business day after receipt

For requests under \$100, a response will be given by the end of the 3^{ra} business day after receipt For requests between \$100 and \$399, a response will be given by Friday of the following week For requests above \$400, a response will be given within 20 calendar days

Date Received:	Received by:
Response to be given by:	(date)
LESS THAN \$100 REQUESTED:	
Amount approved:	
Approved by:	
Tenant notified on:	Owner notified on:
BETWEEN \$100 and \$400 REQUESTED:	
Amount approved:	
Discussed with owner by:	Date:
Tenant notified on:	
OVER \$400 REQUESTED:	
Amount approved:	
Discussed with owner by:	Date:
Approved by owner in writing:	(print and attach e-mail)
Tenant notified on:	

FOR OFFICE USE ONLY