

STONECLIFF HOMEOWNERS ASSOCIATION

169 W 2710 S Circle, Suite 202-A, St George, UT 84790

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Email: [Directors: care@PMPmanage.com](mailto:care@PMPmanage.com) [Accounting: accounting@stonecliffhoa.com](mailto:accounting@stonecliffhoa.com)

Service/Purchase Request Form To be used for any item over \$250

Name of Subcontractor/Service person _____ Date ___/___/___
Print Name

Type of Service --- please circle one Critical Important For Review

Description of service/purchase, details of cost and reason why it is needed and attach all supporting documentation from Vendor duly authorized

Signed by person submitting _____ Print Name _____

Signed & Approved by Director _____ Print Name _____

Decision of Treasurer of Board of Directors Per CC&R's

Action taken--- circle one

Accepted

Rejected

Put on Hold

Comments by Treasurer

Signature of Treasurer _____ Date ___ / ___ / ___

Print Name _____

12/18/2023