



# CITY OF BEND REIMBURSEMENT REQUEST FORM

Date Submitted: \_\_\_\_\_

Neighborhood Association: \_\_\_\_\_

Reimbursement Check payable to (Name): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address where check should be mailed: \_\_\_\_\_

Receipt Total: \$ \_\_\_\_\_ *(Please attach original receipts.)*

<u>Receipt Amount:</u>	<u>Store Name</u>	<u>Receipt Date</u>	<u>Item</u>
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**Description:**

\$ _____	_____	_____	_____
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\_\_\_\_\_

\$ _____	_____	_____	_____
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\_\_\_\_\_

\$ _____	_____	_____	_____
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**Deliver or mail this form with all original receipts to:**

Physical address  
Communications Department  
City Hall  
710 NW Wall St.

Mailing address  
Communications Department  
PO Box 431  
Bend, Oregon, 97709