



# BEND NEIGHBORHOOD ASSOCIATIONS REIMBURSEMENT REQUEST FORM

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

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

This reimbursement is for: (check one)

Neighborhood Association Communications Grants or

Rollover Grant Funds (*Pre-approved from Rollover Grant Application process.*)

Reimbursement Check payable to (Name):

\_\_\_\_\_

Address where check should be mailed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Receipt Amount

Store Name, Date of Receipt, Description of Purchase\*

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL REIMBURSEMENT**

*\*Please attach the original receipts to this request, including proof of payment.*

NA APPROVAL BY: \_\_\_\_\_ (SIGNED NAME)

OF \_\_\_\_\_ NEIGHBORHOOD ASSOCIATION.

CITY APPROVAL BY: \_\_\_\_\_ OF CITY OF BEND

COMMUNICATIONS DEPARTMENT.



CITY OF BEND

**Deliver or mail this form and all applicable receipts to:**

Neighborhood Associations  
City Hall  
710 NW Wall Street  
P.O. Box 431  
Bend, Oregon 97709

*Please note that the Finance Department requires **physical proof** that the payment was made. You need to include an invoice as well as proof of payment--a receipt showing cash paid, an invoice stamped "paid," a copy of the front and back of the cancelled check or proof that the check was written and cashed (bank statement), or the credit card receipt showing the bill was paid with the credit card.*