



NEIGHBORHOOD ASSOCIATION REIMBURSEMENT REQUEST FORM

Neighborhood Association: _____

Date Submitted: _____

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 (Full name):

Address where check should be mailed:

Phone number of payee:

Receipt Amount	Store Name, Date, Description of Purchase*
\$	
\$	
\$	
\$	
\$	
\$	TOTAL REIMBURSEMENT

** Please attach documentation of expenses. The Finance Department requires physical proof that the payment was made. In most cases, receipts provide the appropriate documentation in most cases. Invoices may need additional proof of payment, if a payment method and date are not included.*

Provide signatures below indicating approval of this Reimbursement Request.

NA Approval

City Approval

NA REPRESENTATIVE SIGNATURE

CITY STAFF SIGNATURE

TITLE

TITLE

Submit this form:

By email: moliver@bendoregon.gov

By Mail: Neighborhood Associations, P.O. Box 431, Bend, OR 97709

In-person: City Hall, 2nd Floor, Administration, 710 NW Wall St., Bend, OR 97701