



## Neighborhood Grant Reimbursement Request Form

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

Requestor Name: \_\_\_\_\_

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

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

Project Name: \_\_\_\_\_

What year was this grant awarded? \_\_\_\_\_

Reimbursement Amount Requested: \_\_\_\_\_

Does this complete funding for the grant awarded? \_\_\_\_ YES \_\_\_\_ NO

If No, when do you expect the project to be completed? \_\_\_\_\_

Remit to Address \_\_\_\_\_

How have you recognized HOC for this funding? \_\_\_\_\_

### **Request Checklist** *(Please initial)*

1. \_\_\_\_\_ Copies of all invoices are attached
2. \_\_\_\_\_ If there are more than five invoices, the summary table on page 2 is attached.
3. \_\_\_\_\_ The amount requested is no greater than 60% of the attached invoices.
4. \_\_\_\_\_ Pictures of the project results are attached, including work in progress, volunteers, etc.
5. \_\_\_\_\_ Copies of HOC recognition are attached.

INVOICE SUMMARY TABLE

| Invoice Date | Vendor              | Description | Amount | Tax | Total |
|--------------|---------------------|-------------|--------|-----|-------|
|              |                     |             |        |     |       |
|              |                     |             |        |     |       |
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|              |                     |             |        |     |       |
|              | <b>TOTAL</b>        |             |        |     |       |
|              | <b>60% OF TOTAL</b> |             |        |     |       |