

Grant Reimbursement Form

In order to submit this form, you need to open in Adobe Reader.

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Reimbursement Information

- ✦ If you are unsure if the item is eligible for reimbursement, please ask before purchasing.
- ✦ This form must be completed and submitted to René along with receipts in order to process reimbursement. Receipts must be submitted for RNeighbors accounting purposes.
- ✦ Please bundle receipts and attach them or if you are emailing this form, please scan them electronically with this form.
- ✦ One check will be written per reimbursement sheet submitted.
- ✦ Reimbursements will be processed once a month on the 1st.

Today's Date: _____	Check One:	Payment	Reimbursement
Due To:	Name: _____		
	Address: _____		
	City: _____ State: _____ Zip: _____		
	Neighborhood Association Name: _____		
	Project Name: _____		
			Finance Dept Use Only Pay Date: _____

Transaction Date	Store	Purchase Description	Amount

For Office Use Only:		
Budget	Account	Amount
Grand Total		

To submit this form, please save it and then click submit below or email it to Rene at rene@RNeighbors.org

You may also print and mail this form.

RNeighbors
 ATTN: Rene Lafflam
 829 3rd Ave SE #225
 Rochester, MN 55904