



# Neighborhood Association Reimbursement Request Form

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

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

Reimbursement check payable to: \_\_\_\_\_

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

Phone number of payee: \_\_\_\_\_

Amount	Store Name, Description of Purchase
\$	
\$	
\$	
\$	
\$	
\$	<b>Total Reimbursement</b>

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

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**Provide signatures below indicating approval of this reimbursement request.**

\_\_\_\_\_

NA Representative Signature

\_\_\_\_\_

City Staff Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Title

**Submit this form:**

By email: Makayla Oliver, Community Relations Manager, [moliver@bendoregon.gov](mailto: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

