



City of Missoula

Neighborhood Project Fund Request for Reimbursement Form

PART 1

Part 1--to be completed by Neighborhood volunteer requesting reimbursement. Please submit receipts with this form to: Office of Neighborhoods, 435 Ryman, Missoula, MT 59802 or e-mail the form and receipts to contact@missoula-neighborhoods.org.

SUBMIT RECEIPT WITH NEIGHBORHOOD ITEMS ONLY (NO PERSONAL ITEMS ON RECEIPT)

Neighborhood Council: _____

Make check payable to: _____

Address to send check to: _____

Total amount to be paid: \$ _____

Purpose of purchase(s): _____

Brief description of purchase(s):

State of Montana,)

ss.

County of Missoula)

I certify:

- ~that this request for reimbursement is correct and just in all respects
~ that my neighborhood council leadership team has approved these expenditures in accordance with our Neighborhood Council bylaws.
~ that I have not already received payment or credit.

Your Signature: _____

Printed Name: _____

Date: _____

PART 2

Part 2 - for City use only

For: _____

Amount: _____

Invoice #: _____

Date: _____

1000 General Fund

Table with 3 columns: Dept., Account, Amount. Includes three rows for data entry with dollar signs.

Dept. Approval: _____