



503-823-4550
 epn@eastportland.org
 www.eastportland.org
 1017 NE 117th Ave., Portland, OR 97220

Member Name: _____

Project Name: _____

Requested By: _____

Phone Number: _____

Please check one:

Date: _____

Reimbursement Request

Check Advance Request

Please allow 21 days from for processing from the date of this request.

Advance requests may not exceed 50% of the funds held in the Member's account for the project. No further advance requests, invoices or reimbursements will be processed until all invoices and or receipts for the advance request have been submitted to East Portland Neighbors.

Date	Vendor	Item/Service	Amount
Total			

Please attach receipts, invoices or purchase orders.

Hold check at East Portland Neighborhood Office

Mail Check

Make check payable to: _____

Mail check to address: _____

Do not write below this line

Complled By		Date	Project Reimbursements		
Project Class		Project Subclass	Project Materials or Supplies		
		Amount	(W9) Services or Stipends		
			W9 On File		
			Services		
			Sponsorship		
			Return unused grant(income)		
			Administrative Expense		
Payment Authorized By		Date			
Check Signed By		Date	Check Held	Check Mailed	
			Entered QB		