



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

Member Name: _____

Project Name: _____

Submitted By: _____

Phone Number: _____

Date: _____

Receipt Reconciliation Form

Please attach a copy of the original check request. No further advance requests, invoices or reimbursements will be processed until all invoices and or receipts for the requested advance have been submitted to East Portland Neighbors.

Date	Vendor	Item/Service	Amount
Total			

Please attach receipts, invoices or purchase orders.

Thank you!