2024 SMALL AND SIMPLE GRANT REIMBURSEMENT REQUEST

Instructions:

- 1. Complete all non-shaded areas
- 2. RECEIPT FOR EXPENSE AND PROOF OF PAYMENT MUST BE ATTACHED (i.e., vendor invoice with ZERO balance, canceled check)

 NOTE: Invoice/proof of payment must be consistent with expense described on reimbursement form and Small and Simple Grant Letter of Agreement
- 3. Reimbursement requests must be signed; only authorized signatures will be accepted, in accordance with signatures on file.
- 4. Reimbursement requests must be submitted to the Mayor's Office no later than Dec. 31, 2024

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Organization Proj		Project Contact			Funding Year	
			Janice Keller or Tracy Lewis			
			City of Bellingham		Small and Simple 2024	
Mail Check to:			210 Lottie Street, Bellingham WA 98225		OF	BELLING
			jkeller@cob.org or tlewis@cob.org		E CHE	
			*Reimbursements are accepted via email	n ndf	(+	
			format		#ASHINGTON	
Date	Vendor	Description		Job Cost Code		Amount
			Total Reimbursement Reques	t		

I certify that the materials have been furnished, the services rendered, or the labor performed as described herein, and that this claim is a just due and unpaid obligation against the City of Bellingham and that I am authorized to authenticate and certify to said claim.

Prepared By

(Neighborhood Association Signature)