

NEIGHBORHOOD IMPROVEMENT ASSOCIATION

REQUEST FOR REIMBURSEMENT

Instructions: Fill in each category for each item reimbursement is being requested for. Any item not listed as an eligible item must be approved by the Neighborhood Liaison. All requests must be signed by the president of the NIA or accompanied by a signed letter from the president listing the approved items to be reimbursed. When your form is complete, place it in the folder labeled "Completed Reimbursement Request Forms".

All reimbursement requests are due by the second Wednesday of the month at 11 a.m. Reimbursements will be mailed out one week from the following Friday.

Person Requesting Reimbursement: _____

Address of Person Requesting Reimbursement: _____

Social Security Number: _____ - _____ - _____

Daytime Phone: _____ - _____ Ext. _____

Item(s) Purchased	Date Purchased	Amount Spent	Receipt (Y or N)

NIA President's Signature: _____

Neighborhood Liaison's Initials (if needed): _____

Office Use Only
Date Submitted to Office: _____ Received by: _____