Eugene Human Rights & Neighborhood Involvement

Reimbursement Form

Neighborhood Association: _____

Type of Event or Purchase: _____

Date/Time: _____ Location: _____

Estimated or Identified Costs

Description:	**Cost:**
TOTAL:	

*See Guidelines for Use of Neighborhood Funds; if unsure of eligibility of expenses contact Cindy Koehler, HRNI: 541-682-5272 or the main line at 541-682-5177

I certify that the expenses itemized above were incurred at an event authorized by my neighborhood association and are consistent with the City's guidelines for the use of these funds.

_____
Neighborhood Leader Date

Mail check to: (name, address, zip)

Approval:

_____
HRNI Date

Itemized receipts documenting actual expenditures must be attached.