

Southeast Uplift Reimbursement Request Form

Make check payable to:

Name _____

Address _____

City _____ State _____ Zip _____

Amount \$ _____ Date of request _____

Purpose/Explanation _____

Request authorized by:

Name _____

Neighborhood/Organization _____

Project Name _____

Phone number _____

E-mail _____

Please attach all invoices and/or receipts. Check requests without invoices and/or receipts will be considered incomplete and denied. Checks will be dispersed upon verification of available funds.

Submit this completed form along with accompanying documentation to:

Southeast Uplift
3534 SE Main St
Portland, OR 97214

Phone: 503-232-0010
Fax: 503-232-5265

For office use only

Account _____

Program _____

Funder _____

Staff OK _____ ED Auth _____