

**SE Uplift Check/ Reimbursement Request Form**  
**Fiscal Sponsorship Projects**

Make check payable to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date of request \_\_\_\_\_

Expense Detail: \_\_\_\_\_

Request authorized by:

Project Coordinator's Name \_\_\_\_\_

Project/ Event \_\_\_\_\_

Please attach all associated invoices and receipts for the request. Invoices must be provided on official business/ organization letterhead; receipts must be on register tape from the vendor.

Check requests without invoices and receipts will be considered incomplete and denied.

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 ____