2019 Visit Bloomington Grant Program Reimbursement Request Form

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization/Event Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement Request Amount: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address where reimbursement check should be sent:**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the reimbursement check is to be made out to someone other than the contact above, please indicate the recipient:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:**

1. Fill out the grid below with all expenses for this reimbursement request.
2. Provide a copy of the invoice or receipt, AND proof of payment\*.
3. Organize all paperwork in the same order they are listed in the grid below.

*\*Proof of payment must be in the form of a copy of the issued check or a statement from the issuing bank or credit card company showing payment was made. Incomplete or unorganized forms will not be processed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | EXPENSE | AMOUNT | INVOICE INCLUDED? | PROOF OF PAYMENT INCLUDED? |
| *1/1/19* | *Example: Ad in ABCXYZ Magazine* | *$1.00* | *Yes* | *Yes* |
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**INTERNAL USE ONLY**

**Request # 1 2 3 4 5**

**Disbursement Amount Total to Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Remaining Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**