



City of Missoula

Traffic Circle Grant Reimbursement Form

PART 1

Part 1--to be completed by Neighborhood volunteer requesting reimbursement. Please submit receipts with this form to: Office of Neighborhoods, 435 Ryman, Missoula, MT 59802 or e-mail the form and receipts to contact@missoula-neighborhoods.org.

SUBMIT RECEIPT WITH NEIGHBORHOOD ITEMS ONLY (NO PERSONAL ITEMS ON RECEIPT)

Location of Traffic Circle: _____

Make check payable to: _____

Address to send check to: _____

Total amount to be paid: \$ _____

Purpose of purchase(s): _____

Brief description of purchase(s):

STATE OF MONTANA,)

ss.

County of Missoula)

I certify :

- ~ that this request for reimbursement is correct and just in all respects
- ~ that my grant application was approved by the Neighborhood Coordinator
- ~ that I haven't already received payment or credit.

Your signature: _____

Printed name: _____

Date: _____

PART 2

Part 2--for City use only

For: _____

Amount \$ _____

Invoice #: _____

Date: _____

Fund Number 2512

<u>Dept.</u>	<u>Account</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Dept. Approval: _____