



## 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](mailto: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: \_\_\_\_\_