

Community Re-Investment Program

Expenditure Reimbursement Claim Form

Requestor Contact Information:

Name _____
 Address _____
 City, State, Zip _____
 E-mail Address _____
 Phone _____



Date	Location/Vendor	Invoice #	Purpose of expense and explanation of misc. expenditures	Original Approved Amount	Final Cost
Total All:				\$	\$

*Receipts much be attached
for all reimbursable expenses.

Total Amount Due (50% of Total Final Cost above) \$ _____

Original amount approved by CRP Approval Board
 (to be completed by Clerk Treasurer's Office from
 Proposal Approval form received from CRP
 Approval Board).

\$ _____

Signature (Property or Business Owner)

Date:

