NEIGHBORHOOD GRANT REIMBURSEMENT

INVOICE

Date: _____

Name of Neighborhood Organization or Individual to be reimbursed:

_____

Address: _____

City, State, Zip: _____

Phone: _____

Item Description	Project Cost*	Amount for Reimbursement
Total	**$**	**$**

BILL TO:
City of Fort Wayne - Community Development
c/o Holly Muñoz
200 E Berry St Suite 320
Fort Wayne, IN 46802

*Please confirm the mailing address is the same as the address you previously submitted on your W-9.
*Please provide proof of invoice and payment to vendor.