NEIGHBORHOOD GRANT REIMBURSEMENT

Invoice

Neighborhood Name: _____ Date: _____

Address: _____

City, State, Zip _____

Phone: _____

Bill To:
City of Fort Wayne
Community Development - Department of Neighborhoods
200 E Berry St., Suite 320
Fort Wayne, IN 46802

DESCRIPTION	PROJECT COST *	AMOUNT FOR REIMBURSEMENT
Total	$ -	$ -

* Cost Neighborhood paid

In addition to completing this reimbursement form:

- You must submit a W9 form or confirm we have a valid W9 on file for your neighborhood/fiscal entity
- You must provide proof of invoice (showing items to be paid that match grant agreement)
- you must provide proof of payment to vendor (cancelled checks, Paid in Full invoice documents)