REIMBURSEMENT FORM





Please Indicate which Neighborhood Association You are representing:	
☐ GGNA	☐ SEKNA
☐ GNEKNA	☐ WKNA
□ NWKNA	
Description of expenditure:	
\succ Please be sure to ATTACH the Receipt \prec	
Check should be payable to	
(name and address):	
Phone:	
Check here if you would like to pick up the check at City Hall: Checks are usually processed on Fridays – please allow up to two weeks to receive payment.	
~ APPROVAL by NA President ~	
President's name (printed):	
President's Signature:	

FOR CITY PURPOSES ONLY → Account No. 010-102-299980