

Request for Reimbursement

Requester Name: _____

Remit to Address: _____

Date of purchase: _____

Name of grant awarded: _____

Please list each purchase with the total to be reimbursed and attach all associated receipts.

Purchase Description	Total
Subtotal	

Thank for you for submission!

****Please be aware it can take up to 30 days for reimbursements to be processed and issued. If you have any questions please email Charise Canales at ccanales@arvada.org.**