

City of Roswell – Special Event Funding – Reimbursement



NAME OF EVENT:	
DATE(S) OF EVENT:	
ORGANIZATION SPONSORING EVENT:	
MAKE CHECK PAYABLE TO:	
MAILING ADDRESS / CITY / STATE / ZIP:	
NAME OF CONTACT PERSON:	
PHONE:	CELL PHONE:
E-MAIL ADDRESS (optional):	

Vendor and/or description of use of funds (print)	Invoice Amount	EE	City Use Only	
(example: Acme Printers / posters, brochures)	300.00		Awarded Amount	
1			Previously Rec'd Amt	
2			Remaining Balance	
3			Requested – Amt	
4			Adjustment	
5			Adjusted Amount	
6			Balance	
7				
8			Enter total from extra sheet (if any) on #9	
9				
TOTAL				50% of Total shown

- List each vendor and/or description of the use of funds separately with the amount, use additional paper if necessary.
- Requested amount must be equal to or less than 50% of the total amount of invoices listed (and attached) and no more than the amount awarded.
- Requested amount must be 25% (1/4) or more of the maximum awarded amount, exception on final request.
- Final request for reimbursement is due sixty (60) days following the last day of the event.
- Attach invoices, proof of payment (check copy or credit card receipt copy) and appropriate documentation to this request.
- Submit to Public Affairs department to be approved and processed for payment.
- Approved reimbursement amount may or may not be same as amount requested.
- Expenses which are deemed as not eligible will be denied and the approved amount may be lower than the requested amount.
- Requests may not be approved on the same day they are received.
- Requests approved no later than Tuesday will normally be processed in the next A/P check run.
- See Policy for Reimbursement request details.

Request reimbursement in the amount of \$ _____

Requested by: _____ date _____

Please mail or call when ready: _____ phone # _____

* * * Official City Use * * *

Request Received (date) _____ Approved Amount: \$ _____

Approved by: _____ date _____

Check # _____ Check date _____

Check released to (signature): _____ Date check obtained or mailed _____

(For Final Reimbursement Request - Last day of Event _____ # of days _____)

Revised May 2018