



Historic Kenwood Neighborhood Association

REIMBURSEMENT REQUEST

Staple all receipts to this form
Receipts should be submitted the month they were incurred

Date of Request _____

Name (Print) _____

Address _____

Phone _____

Date of Activity _____

Activity/Project _____

Total Reimbursement Request _____

Please list all the receipts you are turning in

STORE	DATE	AMOUNT	ITEM BOUGHT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Project Chairman Authorization _____