

**City of Longmont
Neighborhood Resources Program
2011 Discover Neighbor, Discover Home Grant
REIMBURSEMENT REQUEST FORM**

Payment Request Form	
Today's Date:	
Block Description and/or Neighborhood:	
Date of Activity:	
Activity:	
Reimbursement Amount Requested:	\$ _____
Make Check Payable To:	
First Name and Last Name:	
Address:	
City, State & Zip Code	
Phone Number:	
Email:	

Please submit a reimbursement request for **each** check recipient and attach the **original invoices and/or receipts** with each reimbursement request. The City of Longmont will not reimburse for purchase of alcoholic beverages.

Mail or bring reimbursement requests to: City of Longmont
Attn: Marcelo Fernández
Community & Neighborhood Resources
350 Kimbark Street
Longmont, CO 80501