Project Oregon

Reimbursement Request Form

Grants are paid as reimbursements following the completion of your project. Receipts must be attached to this form. Funds will not be disbursed until your project evaluation form is received.

Return to SOLVE within 30 days of the completion of your project
Mail to: Roberta Sommer, Program Coordinator
2000 SW 1st Ave Suite 400
Portland, OR 97201

Fax to: 1-866-590-7658

Project Site Name:	
Project Site Address:	
City:	**State:** **Zip:**
Site Coordinator Name:	
Site Coordinator Phone:	- - **Type:** ☐ Home ☐ Bus. ☐ Cell

Date of Request: ____/____/_____

Make check payable to:	
Mailing Address:	
City:	**State:** **Zip:**
E-mail:	

Describe how the funds were used: _____

_____

Receipts are attached for the following items:

Item	Amount
	$
	$
	$
	$

Total Reimbursement Requested $ _____

Signature:_____ Date: _____/____/_____

SOLVE (Updated 2/20/2015)

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