

**Member Community Infrastructure Program
REIMBURSEMENT REQUEST – EXPENSE WORKSHEET**

Member Community: _____

Project Title: _____

P.O. #: _____ **Request Date:** _____

Instructions:

Record all expenses and attach relevant procurement documentation, such as an itemized bill, receipt, invoice, time card along with proof of payment, such as a credit card receipt, cancelled check, and/or other documentation to substantiate purchase and compensation as deemed acceptable by the NEORS D.

Direct all Member Community Infrastructure Program reimbursement questions and reports to the Watershed Programs Department's, Watershed Funding Administrator, Linda Mayer, 440-253-2147, mayerl@neorsd.org.

PROJECT DELIVERABLE	Cost per Unit	Total Units	Total Cost	Details