City of Saratoga
COMMUNITY EVENT GRANT REIMBURSEMENT REQUEST

Please complete this form to request payment of Community Event Grant funds and return it to the City Manager's Office after your event. Original receipts and invoices for expenses must be attached for reimbursement to be processed. Only one check will be issued to event organizer/payee. Incomplete requests will be returned. Allow 1 to 2 weeks for reimbursements to be processed.

Date: _____

Event: _____

Payee: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please Describe Event: (i.e.: attendance, date, location, what was offered, thoughts on success)

Total Reimbursement:

ORIGINAL RECEIPTS AND INVOICES FOR EXPENSES MUST BE ATTACHED FOR REIMBURSEMENT TO BE PROCESSED. EVENT ORGANIZERS ARE RESPONSIBLE FOR DISTRIBUTING REIMBURSMENTS TO VENDORS.

Signature: _____ **Date:** _____

Printed Name: _____

Return Completed Form To:
Brian Babcock, City Manager's Office
13777 Fruitvale Avenue, Saratoga, CA 95070
Phone: (408) 868-1275 | Fax: (408) 867-8559
Email: bbabcock@saratoga.ca.us