

# South Hill Façade Improvement Program

## Request for Expenditure Reimbursement

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

### Building Façade Improved Information

Name (if known): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Total Qualifying Expenditures**            \$ \_\_\_\_\_

**Reimbursement Amount Requested**    \$ \_\_\_\_\_

### Description and Cost of Improvements

The Application for Matching Funds and all receipts for expenditures must be submitted with this Request for Expenditure Reimbursement.

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# South Hill Façade Improvement Program

## Request for Expenditure Reimbursement

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Project Review Committee Action

Approved \_\_\_\_\_ Denied \_\_\_\_\_ (see **Comments**) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Comments

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### Reimbursement Payment

Prepared By: \_\_\_\_\_

Check Number \_\_\_\_\_ Check Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return completed reimbursement request to:**

**South Hill Façade Project Review Committee**

**211 S. Mecklenburg Avenue**

**South Hill, VA 23970**