CITY OF GRASS VALLEY
P.O. Box 191 · Grass Valley, Oregon 97029 · (541) 333-2434

Expense Reimbursement OR Approval Form

Requester's Name:	
Address:	
Phone Number	

Purpose of use of City Funds:

Itemized Expenses

Date	Description	Cost

Total Reimbursement $

Don't forget to attach reciepts!

Signature of Requesting Party **Date**

Approval Signature **Date**