



Southeast Uplift
3534 SE Main St
Portland, OR 97214
p: 503 232-0010
www.seuplift.org

SE Uplift Check/Reimbursement Request Form

Make check payable to:

Name: _____

Address: _____

City: _____ State: OR Zip: _____

Amount: \$ _____ Date of Request _____

Expense Detail: _____

Request authorized by:

Project Coordinator's Name: _____

Project: _____

Please attach all associated invoices and receipts for the request. Invoices must be provided on official business/organization letterhead; receipts must be on register tape from the vendor. Requests without accompanying documentation will be considered incomplete. Checks will be dispersed upon verification of available funds.

Submit this completed form along with accompanying documentation to:

SE Uplift
Attn: Fiscal Sponsorship
3534 SE Main St
Portland, OR 97214
or gaby@seuplift.org

For office use only

Expense _____

Account _____

Funder _____

Staff OK _____ ED Auth _____