



NEIGHBORHOOD BLOCK PARTY POLICY
SCHEDULE D
NEIGHBORHOOD BLOCK PARTY REBATE FORM

Block Party Date: _____

Block Party Location: _____

of Participants: _____

Contact Name: _____

Address: _____

Phone #: _____

Email: _____

VENDOR	DETAILS	AMOUNT

TOTAL ELIGIBLE EXPENSES _____

*****PLEASE ATTACH ORIGINAL RECEIPTS IN ORDER TO OBTAIN REBATE.**

FOR OFFICE USE ONLY

Approved Eligible Expenses \$ _____

Signature _____ Date _____