



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:** \_\_\_\_\_ **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 paola@seuplift.org

For office use only

Expense Account \_\_\_\_\_

Program Name \_\_\_\_\_

Funder \_\_\_\_\_

Staff Initial \_\_\_\_\_ ED Auth \_\_\_\_\_