



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:

Coordinator's Name _____

Project/ Event _____

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.

Check requests without invoices and receipts will be considered incomplete and denied.

Submit this completed form along with accompanying documentation to:

SE Uplift
3534 SE Main St
Portland, OR 97214
Phone: 503-232-0010
Fax: 503-232-5265

For office use only

| |
|----------------------------|
| Account _____ |
| Program _____ |
| Funder _____ |
| Staff OK ____ ED Auth ____ |