



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 [christina@seuplift.org](mailto:christina@seuplift.org)

For office use only  
Expense \_\_\_\_\_  
Account \_\_\_\_\_  
Funder \_\_\_\_\_  
Staff OK \_\_\_\_\_ ED Auth \_\_\_\_\_