# REBATE FORM

**BLOCK PARTY DATE:** _____

**BLOCK PARTY LOCATION:** _____

**# OF PARTICIPANTS:** _____

**CONTACT NAME:** _____

**ADDRESS:** _____

_____

**PHONE:** _____

**EMAIL:** _____

| VENDOR | DETAILS | AMOUNT |
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**TOTAL** _____ **ELIGIBLE EXPENSES**

*** PLEASE ATTACHED ORIGINAL RECEIPTS IN ORDER TO OBTAIN REBATE

FOR OFFICE USE ONLY

**Approved eligible expenses** **$** _____

**Signature** _____ **Date** _____

**GL# 2.51.292.00** **PC 51.05.00**