



NEIGHBOURHOOD BLOCK PARTY EXPENSE REIMBURSEMENT APPLICATION

Name on NBP registration form: _____

Contact Number: _____ Location of NBP: _____

Number of Households invited: _____ Number of people who attended: _____

Children 0-5: _____ Children 6-12: _____ Children 13-17: _____ Parents: _____

Cheque Payable to: _____

Full mailing address for reimbursement cheque: _____

What was the best part of your Neighbourhood Block Party?

What would you change for the next Neighbourhood Block Party?

Additional comments:

Please attach original receipts and then submit this form St Paul Regional Family and Community Support Services (FCSS) via mail or in person.

Please note that it may take 2-4 weeks to receive your reimbursement cheque after submitting this expense reimbursement form. *Approved items include non-alcoholic beverages, food, entertainment and/or advertising.*

Box 1480, 5002 – 51 Ave, St. Paul, AB • T0A 3A0 • Ph: 780-645-5311 • Fax: 780-645-5512

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