



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 Regional St Paul 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

Information on this form is collected for the sole use of the Regional St Paul FCSS and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.