



# CITY OF BEXLEY

## COMMERCIAL REHABILITATION GRANT PROGRAM

### REIMBURSEMENT REQUEST FORM

#### Applicant Information

Applicant Name:

Reimbursement Requested:  
(Cannot exceed recommended funding amount)

#### Reimbursement Checklist:

- |  |   |
|--|---|
| 1. Certificate of occupancy has been granted:                                  | Yes. Proof of occupancy certificate attached. |
| 2. I am a current member of the Bexley Area Chamber of Commerce:               | Yes. Proof of membership attached.            |
| 3. The contractor has received payment for the work performed:                 | Yes. Proof of payment attached.               |
| 4. I have attached final reconciliation of costs against original projections: | Yes. Information is attached.                 |

#### Certification and Endorsement:

I hereby certify that the above information is correct to the best of my knowledge.

Authorized Signature

Date

#### Internal Office Use Only:

Amount Approved:

Date Approved:

Authorized Signature

Date