

# Request for Reimbursement

## CAP ONLY

Project/Program/Event Name:

Describe the expense:


Payee Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Amount: \_\_\_\_\_ Email: \_\_\_\_\_

Approved by: \_\_\_\_\_

Account Name: Public Art

Mail Check to: *(Fill in one of the options below)*

Name:
Address:
City:
State:
Zip Code:

- OR  Check box and fill in section below for direct deposit of funds
- Direct deposit information previously provided.

**IMPORTANT! Please read and sign before completing and submitting.**

I hereby authorize RioVision to deposit any amounts owed me by initiating credit entries to my account at my financial institution. In the event that RioVision deposits funds erroneously into my account, I authorize RioVision to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until RioVision has received written notice from me of its termination in such time and in such manner as to afford RioVision reasonable opportunity to act on it.

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Affix Receipts, Scan and email to  
dmurphy@rioivision.net**