

**Port Townsend Arts Commission
Voucher Reimbursement Request Form**

Date:	City contract Number:
Applicant	Applicant Address
Submitted by:	Signature:

Reimbursement Item (must match item from approved project budget)	Amount Requested (Must attach receipts, invoices, cancelled checks, etc)
Total Reimbursement Request	

PTAC Use Only:

Mail to Port Townsend Arts Commission, City of Port Townsend
250 Madison Street, Port Townsend, WA 98368