



GIFT REIMBURSEMENT/RECEIPT FORM

Name of Reporting Individual _____

Date of Gift: _____

Description of Gift: _____

Value of Gift: _____

Name of Donor: _____

Is the Donor a City Contractor, Vendor or Lobbyist? ____ Yes ____ No

If yes, value of the gift after reimbursement must not exceed \$5.00

If no, value of the gift after reimbursement must not exceed \$50

Reimbursement (Full or Partial) : _____

Description of Consideration: _____

(cash, check, services, other)

Amount of Reimbursement/Consideration: _____

(if less than full value of gift)

Date of Reimbursement: _____

Method Used to Reimburse Donor: _____

(by mail, in-person, other)

Name of Person Completing Form: _____

Signature

Print Name