



CDBG Reimbursement Request

AGENCY: Name, Address and Email

Activity Name

Award Yr.

Name of Approving Representative

Date

- ❖ All supporting documentation **must** be submitted with the invoice in order to be reimbursed. If there are questions about what is required, please contact Community Development at 715-261-6680.

Description

Amount

Total

Remit Via Mail, Email, or Fax

Address: City of Wausau | **Attn:** Community Development | 407 Grant St | Wausau, WI 54403

E: comdev@wausauwi.gov / **E:** shannon.graff@wausauwi.gov | **F:** 715-261-0374