



Monthly Community Outreach Funds Expenditures

Under \$50

Month/Year _____

I, Mayor/Councilmember _____, authorize the allocation of the following to be expensed from Mayor/District ____ Community Partnership and/or Discretionary funds:

Date	Amount	Vendor	Benefit to Mesa Citizens	Receipt Y/N	Fund CP/D*

*Community Partnership (CP)
Discretionary (D)

Expenditures in compliance with applicable financial policies of the City

Yes [] No []

Expenditure in compliance with the Community Outreach Funds Policy
Guidelines and the City of Mesa Ethics Handbook for Elected Officials

Yes [] No []

Mayor/Councilmember Signature

Date