



CITY OF
Los Alamitos
California

3191 Katella Avenue
Los Alamitos, CA 90720-5600
Telephone: (562) 431-3538
FAX: (562) 493-1255
www.cityoflosalamitos.org

RE: PINE STREETS GRANT PROGRAM – REIMBURSEMENT FORM

The City of Los Alamitos announces its inaugural Pine strEATs Grant Program. Participating restaurants will be eligible for a grant up to \$5,000 for their commitment to be present at the City's Celebrate Los Al event. Each restaurant will be reimbursed for event related expenses such as personnel costs, supply expenses including food supplies and marketing materials, all of which are directly used for the event. Additional conditions may apply and may be found in the Pine strEATs Grant Program Guidelines.

To process reimbursements, please fill out the attached form with a sales report or receipts with line items. The described items must be submitted during the allotted time period of Monday, July 21 through October 15, 2025, to secure reimbursement. Purchases will only be reimbursed in three payment cycles during this period. All labor-related expenses must be presented with detailed representation of hours worked and verification of employment with the restaurant. Failure to present all required documentation may result in non-reimbursable action.

The City's Finance staff will process reimbursement and mail a check to the name and mailing address provided on the application. Please allow up to four weeks of reimbursement to occur from the moment the form was submitted to City Hall. City Hall operating hours are Monday through Thursday from 7:30 a.m. to 5:30 p.m. (exception of Federal Holidays). City Hall is closed on Fridays.

The City of Los Alamitos thanks you for your interest and participation.

Sincerely,

CITY OF LOS ALAMITOS

Pine strEATs Reimbursement Form



Please fill out the form completely, attach all associated receipts.

**Attn: Development Services Department
Los Alamitos City Hall
3191 Katella Avenue
Los Alamitos, CA 90720**

Submitted by (print) _____

Phone Number _____

Email _____

Business Address _____

Make check payable to _____

Signature

Date

****REMEMBER TO ATTACH A COPY OF THE RECEIPTS OR A SALES REPORT***

