



INVOICE

Please Remit Payment to:

Treasurer
Name of Association treasurer
 Address
 Phone number
 Email address

Name of Treasurer or person who manages accounts payable for your association

| DATE | DESCRIPTION | AMOUNT |
|--------|--|---------|
| 6/1/09 | _____ Business Association January '09 – July '09, Services Rendered _____ Project(s) <EXAMPLES> 1. Regular steering & membership meetings 2. Work to install new street scape fixtures 3. Interact with TPD to inform & learn 4. Plan area festivals 5. Increase membership of business association | \$2,500 |
| | TOTAL | \$2,500 |

Invoice should be dated after the expenses have been incurred. First half of year, \$2500, should be invoiced by August. Second half of the year, \$2500, should be invoiced by Dec. or Jan.

Services Rendered: should reflect the original scope written as a part of the Statement of Services Contract.

If you need electronic or had copy of this or any other contract document please contact Kala Dralle at (253)573-2523 or kdralle@cityoftacoma.org

Name of Association <optional>
Address
Phone
Email
Website