
 _____ Name
 _____ Address
 _____ City, State
 _____ Zip

INVOICE

Attn: _____

INVOICE # _____
 DATE: _____

TO:
 Niwot Local Improvement District
 300 Pearl St., Ste. 200
 Boulder, CO 80301

FOR:

 Event Date: _____

DESCRIPTION	AMOUNT
<p>MEMO - TOTAL LID FUNDS APPROVED (copy attached)</p> <p>Reimbursements Requested to Date: (invoice # _____ dated _____): (invoice # _____ dated _____):</p> <p>Reimbursements Received to Date: (invoice # _____ dated _____): (invoice # _____ dated _____):</p> <p>Reimbursement Requested This Invoice: <input type="checkbox"/> _____ (check # _____ dated _____) <input type="checkbox"/> _____ (check # _____ dated _____)</p>	<p>\$ ____.</p> <p>_____ _____ \$ _____</p> <p>_____ _____ \$ _____</p> <p>_____ _____</p>
TOTAL DUE	\$ ____.

Please make all checks payable to:

If you have any questions concerning this invoice, contact

_____ at phone # _____ at email _____