

NIWOT LID

MASTER ONE-TIME INVOICE

INVOICE # _____ (invoice ____ of ____)
DATE _____

Name or Organization _____
Street Address _____
City, State, Zip _____

INVOICE FOR (event name):

SUBMIT TO:
Niwot Treasurer Harris Faberman
300 Pearl St., Ste. 200
Boulder, CO 80301
hfaberman@aol.com

Event Date: _____

DESCRIPTION OF EXPENSE	AMOUNT
Total LID Funds Approved (attach copy of approval sheet)	\$ _____.
Reimbursement Requested This Invoice: (detail expenses for which you are seeking reimbursement below, and submit/attach vendor invoices and proof of payment such as cancelled checks or bank statements)	
_____ (check # _____ dated _____)	\$ _____.
_____ (check # _____ dated _____)	\$ _____.
_____ (check # _____ dated _____)	\$ _____.
TOTAL DUE	\$ _____.

PLEASE COMPLETE THE INFORMATION BELOW so that we can process your invoice

Please make all checks payable to: _____

If you have any questions concerning this invoice, contact: _____

at phone _____ or email _____