

Exhibit "C"
Invoice Request for Payment

BILLING DATE: _____

INVOICE AMOUNT: \$ _____

CONTRACTOR NAME: _____

ADDRESS: _____

EIN/TIN: _____ (For 1099 reporting purposes)

SUBSCRIBED this _____ day of _____, _____.

Signed: _____

Title: _____

Type of Services Rendered:

Invoice Requirements:

Please provide an itemization of services provided. Attach to this invoice copies of invoices/statements and cancelled checks (or other payment documentation acceptable to the City) for services purchased by the Contractor for which reimbursement is being requested; copies of the work performed (e.g., advertisement, brochure, website page, flyer, etc.); and, for lodging tax contracts, documentation that the promotional effort reached an audience outside of 50 miles.

Reimbursement Basis:

All expenses/invoices submitted must fall within current period _____ to _____.
Deadline to submit final request for payment is on _____.