

**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:

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**Invoice Requirements:**

Attach to Exhibit C the copies of invoices or receipts detailing out what was purchased by the Contractor for which reimbursement is being requested.

OPTIONAL: The submission of proof of payment, such as cancelled checks, copies of checks is optional; However, records of proof of payment must be retained and subject to audit by the City per Section IV.3 of the signed contract agreement. Failure to provide reasonable proof of payment documentation upon request by the City will result in the repayment of LTAC grant funding back to the City.

**Reimbursement Basis:**

All expenses/invoices submitted must fall within current period \_\_\_\_\_ to \_\_\_\_\_.

Deadline to submit final request for payment is on \_\_\_\_\_.