

APPENDIX A
(Invoice for Reimbursement) Template

TABLE 1: LIST OF ITEMIZED EXPENSES

Contractor's Legal Name:

Address:

Phone Number:

Contract Number:

Purchase Order Number:

Invoice Date:

Contractor Invoice Number:

Employer Identification Number (EIN#):

Total Request Amount:	\$
What number request is this? OSP #1 - 4 CCSD # 1 - 2	

*If you need more lines, please attach a spreadsheet with additional data. *

Description of Expense	Amount of the Expense	Vendor or Employee Name	Date of Payment	Payment Type (Check #, Credit Card or Direct Deposit)
	\$			
	\$			
	\$			
	\$			
	\$			
Total Expenses:	\$			

TABLE 2: MATCH INCOME TABLE

If you need more lines, please attach a spreadsheet with additional data.

Description of Match Income Source	Amount	Date Received
	\$	
	\$	
	\$	
Subtotal for this request:	\$	
A. Total Match Required:	\$	
B. 1st Request Match Income Total:	\$	
2nd Request Match Income Total:	\$	
(OSP ONLY) 3rd Request Match Income Total:	\$	
(OSP ONLY) 4th Request Match Income Total:	\$	
C. Total Match Amount to Date:	\$	← Sum of all B Lines
D. Remaining Match Amount:	\$	← Subtract Line C from Line A.

Authorization: I have prepared this invoice in compliance with Article III of the Contract between the City of San Diego and the organization I represent.

Printed Name & Title	
Signature	
Date	