



CPG INVOICE

"[Community Planning Group Name]"

Full Name
Street Address
Phone:
Email:

INVOICE:
DATE:

TO:
City Planning Department
City of San Diego
202 C St., MS 413
San Diego, California 92101
SDPlanningGroups@sandiego.gov

FOR:
Reimbursement of CPG operating budget expenses.
"[Reporting date range]"

ITEM	DATE	DESCRIPTION	VENDOR	QUANTITY	AMOUNT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL					

The invoice information has been reviewed and approved. All original receipts are attached.

"[CPG Chairperson Name Print]"

"[CPG Chairperson Signature]"

[Date]

"[CPG Vice-Chair/Treasurer Name Print]"

"[CPG Vice-Chair/Treasurer Signature]"

[Date]

"[Planning Department Name Print]"

"[Planning Department Signature]"

[Date]