APPENDIX A

(Invoice for Reimbursement) Template

TABLE 1: LIST OF ITEMIZED EXPENSES

Recipient's Legal Name:

Address:

Phone Number:

Purchase Order Number:

Invoice Date:

Recipient's 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. Match requirement is 1:1

Description of Match Income Source	Amount	Date Received
	$	
	$	
	$	
Subtotal for this request:	$	
A. Total Match Required: EnterTotal your match requirement here (1:1)	$	.
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 Agreement between the City of San Diego and the organization I represent.

Printed Name & Title	
Signature	
Date	