



Commission for Arts and Culture

Make sure this invoice is on your organization's letter head.

Contractor's Legal Name: ABC Arts Organization	
Address: 1235 Market Street, San Diego CA 92101	
Phone Number: 619-555-1234	
Contract Number: FY17OSP-55-1234567	Located on the front page of the contract.
Purchase Order Number: 4500075011	Provided to you by The City of San Diego via email.
Invoice Date: February 10, 2017	Exact date you submit your invoice to the City. Do not pre or post-date this invoice
Contractor Invoice Number: OSP17_2	Generated internally by you to track the payment of this invoice.
Employer Identification Number (EIN#): 55-1234567	
Total Request Amount: \$21,000	For this invoice only
What number request is this (#1-4)? 2	

TABLE 1: LIST OF ITEMIZED EXPENSES

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

Description of Expense	Amount of Expense	Vendor or Employee Name	Date of Payment	Payment Type (Check #, Credit Card or Direct Deposit)
Set design for XYZ dance production	\$2,000	J&J Designs	10/1/16	Credit Card
Building Rent	\$5,000	SD Landlord	9/1/16	CK#: 98564
Building Rent	\$5,000	SD Landlord	10/1/16	CK#: 12346
Building Rent	\$5,000	SD Landlord	11/1/16	CK#: 12456
Program Manager Salary	\$6,000	Jane Doe	10/1/16	Direct Deposit
Total Expenses:	\$23,000			

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
XYZ Foundation	\$ 20,000	10/15/2016
Ticket Sales	\$ 10,000	8/1/2016-12/31/2016
Qualcomm Foundation	\$ 33,000	9/1/2016
	\$	
Subtotal for this request:	\$ 63,000	← Add all match income for this request
A. Total Match Required:	\$ 252,000	← Found in Article 3.1.2 or your contract.
B. 1st Request Match Income Total:	\$ 75,000	← If this is your first request match or it is a match from a PREVIOUS request, shown on previous forms- If this is your 2-4 request.
B. 2nd Request Match Income Total:	\$ 63,000	← Match for THIS request, shown above because this is the SECOND request. Put subtotal here.
B. 3rd Request Match Income Total:	\$	If Applicable
B. 4th Request Match Income Total:	\$	If Applicable
C. Total Match Amount to Date:	\$ 138,000	← Sum of all B Lines
D. Remaining Match Amount:	\$ 114,000	← Subtract Line C from Line A. Should total \$0 on your final request.

Authorization

I have prepared this invoice in compliance with Article III Compensation of the Agreement between The City of San Diego and the organization I represent.

Printed Name & Title	Jane Smith, Executive Director
Signature, Date	

SAMPLE