CPG INVOICE

"[Community Planning Group Name]"

Full Name
Street Address
Phone: INVOICE:
Email: DATE:

TO: **FOR:**
Planning Department   Reimbursement of CPG operating budget expenses.
City of San Diego
9485 Aero Drive, MS 413   "[Reporting date range]"
San Diego, California 92123
619-533-3686
Planningdeptaccountspayable@sandiego.gov

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]