**Request for Payment Invoice**

Contractor’s Legal Name:

Address:

Phone Number:   
  
Contract Number:

Purchase Order Number:

Invoice Date:

Contractor Invoice Number:

|  |  |
| --- | --- |
| **Total Request Amount:** | **$** |
| **What number request is this (#1-4)?** |  |

**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)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Expenses:** |  |  | | |

**Table 2: Match Income Table**\*If you need more lines, please attach a spreadsheet with additional data.\*

|  |  |  |
| --- | --- | --- |
| **Match Income Source for this request** | **Amount** | **Date Received** |
|  |  |  |
|  |  |  |
|  |  |  |
|  | $ |  |
| **Subtotal for this request:** | $ |  |
|  |  |  |
| **A. Total Match Required:** | $ | . |
| **B. 1st Request Match Income Total:** | $ |  |
| **B. 2nd Request Match Income Total:** | $ |  |
| **B. 3rd Request Match Income Total:** | $ |  |
| **B. 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 Compensation of the Agreement between the City of San Diego and the organization I represent.

|  |  |
| --- | --- |
| Printed Name & Title |  |
| Signature |  |
| Date |  |