Name of Organization / Company

[ XXXX Street Name]

INVOICE

[Houston, TX 77004] DATE

|  |
| --- |
| 10/27/2020 |
| [should match  original invoice] |

Phone: [XXX\_XXX-XXXX] INVOICE #

Fax: [XXX-XXX-XXXX]

# BILL TO

[Change Happens] [3353 Elgin St.]

[Houston,TX 77004]

[713-374-1294]

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **QTY** | **RATE** | **AMOUNT** |
| WFRF- Northern Third Ward Implementation Project |  |  |  |
| Project Title: [subcommittee] - Open House |  |  |  |
|  |  |  |  |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |  |  |  |
| Vendor Name |  |  |  |
| [1234 Vendor St, Houston, TX 77004] |  |  |  |
| \*Billing Terms |  |  |  |
| (product/service by line item) |  |  |  |
| (product/service by line item) |  |  |  |
| (product/service by line item) |  |  |  |
| Total |  |  | 400.00 |
|  |  |  |  |
| Vendor Name |  |  |  |
| [1234 Vendor St, Houston, TX 77004] |  |  |  |
| \*Billing Terms |  |  |  |
| (product/service by line item) |  |  |  |
| (product/service by line item) |  |  |  |
| (product/service by line item) |  |  |  |
| Total |  |  | 400.00 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total

$ 800.00

# MAKE CHECK / PAYMENT PAYABLE TO:

[entity name]

**DISBURSEMENT (please complete one):** Mailing Address: Pickup: (if applicable, name of Person who will pick up)



Other: