

INVEST IN NEIGHBORHOODS INC.

Invest Use

Voucher Number _____
 Check Number _____
 Date Issued _____
 Amount Paid \$ _____

NSP/NBDSF REIMBURSEMENT VOUCHER

Community Use

Date _____
 Contract # _____
 Community Invoice # _____
Amount Requested _____

Name of Community/Business District

Contact Name & Phone number

Send check to:

Address

ZIP

Phone #

Notice: All invoices against Invest in Neighborhoods Inc. for services performed under the City of Cincinnati Neighborhood Support Program must be presented on this form. Send to Invest in Neighborhoods, 315 W. Court St., Cincinnati, OH 45202. Proper documentation must be attached to this form.

Pro- ject #	Project Name	Budget Dollars	This Month's Expenses	YTD Expense	Balance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

FOR MONTH(S) _____

TOTALS _____

THIS CERTIFICATE MUST BE EXECUTED BY CLAIMANT. The undersigned claimant hereby certifies the the goods or services specified above have been shipped or performed and that payment therefore has not been received. Signature must be signed in ink.

Community/Business Dist. _____ **by** _____
Authorized signature in full

 Print authorized signer's name in full

 Title

DO NOT WRITE BELOW THIS LINE

Goods and services described in the invoice are allowed according to the provisions of contract _____ and are approved for reimbursement.

 Reviewing Invest in Neighborhoods Staff

 Date