



Northampton County 2018 Hotel Tax Quarterly Request for Payment Invoice

Name of Organization	Grant Amount Awarded
Project Title	Agreement I.D. No.
Preparer's Name & Title	
Phone Number	E-Mail Address
Quarterly Invoice Period	1 st 2 nd 3 rd 4 th (final) Date of Submission

INSTRUCTIONS

Please complete this form in its entirety. Indicate the amount of grant funds spent and the remaining amount of grant funds to date for project costs in each awarded category of your budget. **Please be sure that funds are spent in accordance with your approved budget as per your grant agreement.** Submit with this report copies of invoices, cancelled checks (front & back), receipts, etc. relating to the project, including proof of match funds expended. Failure to provide all necessary documentation and/or information may delay payment as your invoice will be returned with a request to resubmit. As a reminder, a maximum of 25% of your total grant award can be claimed in each quarter.

Category	Previous Expenditures	Current Expenditures	Match Funds Expended	Remaining Grant Funds
SUBTOTALS				
TOTAL AMOUNT REQUESTED THIS INVOICE				

Completed form along with documentation can be submitted electronically, via E-mail to Karen Collis at kcollis@northamptoncounty.org, by fax at 610-559-3775, or by mail to Northampton County Department of Community & Economic Development, Attn: Karen Collis, Community & Economic Development Specialist, 2801 Emrick Boulevard, 1st Floor, Bethlehem, PA 18020. Questions? 610-829-6314

I hereby certify that, to the best of my knowledge and belief, that this report is true in all aspects, is in agreement with the official accounting records, and that all disbursements have been made for the purposes and conditions as outlined in the Grant Agreement.

Printed Name	Title	
Signature	Date	

For official use only:

Vendor ID# _____

Date Received _____

Date Payment Requested _____