



Northampton County 2021/2022 Hotel Tax Request for Payment Invoice

Name of Organization	
Project Title	
Agreement I.D. No.	Grant Amount Awarded
Preparer's Name & Title	
Phone Number	E-Mail Address
Date of Submission	

INSTRUCTIONS

Please complete this form in its entirety. Indicate the amount of grant funds expended 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 form, copies of invoices, cancelled checks (front & back), receipts, etc. relating to the project, including proof of matching funds expended at no less than 25% of grant awarded. Failure to provide all necessary documentation and/or information may delay payment as your invoice will be returned with a request to resubmit.

Category	Previous Expenditures	Current Expenditures	Remaining Grant Funds	Match Funds Expended
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 and Economic Development, Attn: Karen Collis, 2801 Emrick Boulevard, 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 account records, and that all disbursements have been made for the purposes and conditions as outlined in the Grant Agreement.

Signature		Printed Name	
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For official use only:

Vendor ID#
 Date Received
 Date Payment Requested _____