

# Invoice



All receipts MUST be attached to the Reimbursement Form. Also include the SN meeting minutes authorizing this request, when applicable.

SN Number & Name:		<b>Bill To:</b>	Department:	Department of Neighborhoods (DON)
Requester Name:			Division:	Mayor's Assistance Office
Phone:			Coordinator:	Sandra Cortez
Email:			Address:	900 Bagby St
			City, State, Zip:	Houston, TX, 77002

Request Date

## Types of expenses available for reimbursement are:

**SN GRANTS PROGRAM & ADMINISTRATIVE COST:** Printing (business cards, agendas, flyers, meeting handouts, signage) SN Website/MailChimp/Survey Monkey/constant contact, etc.~ Meeting room costs NNO events Office supplies PO Box one per SN  
**NOTE: The city cannot reimburse sales tax.**

Expense Type:	
Expense Total:	

### Justification (List expenses)

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<b>SN President/Vice President Signature</b>	Date
<b>SN Treasure/Secretary Signature</b>	Date