

Community Activities Fund

Invoice/Request for Payment

Date:

Invoice number:

From:

TO: City of Portland

Office of Community and Civic Life

1120 SW 5th Ave., Suite 114

Portland, Oregon 97204

Organization address:

FOR: Community Activities Fund

Receipt copies attached.

Phone number:

DESCRIPTION	AMOUNT
Receipt description	Amount
Receipt description	Amount
Receipt description	Amount
Receipt description	Amount
Receipt description	Amount
Receipt description	Amount
Receipt description	Amount
Receipt description	Amount
Receipt description	Amount
	Total: \$ Amount