INVOICE

DATE:

INVOICE NUMBER:

TO: San Francisco Arts Commission
c/o: Community Investments
401 Van Ness Avenue, Suite 325
San Francisco, CA 94102

FROM:

NAME:

ADDRESS:

TELEPHONE:

EMAIL:

TOTAL AMOUNT DUE: $

RE: DESCRIPTION OF GRANT ACTIVITIES COMPLETED: (brief description of grant activity that you spent funds on to complete 1 or two sentences max)

TIME PERIOD: ENTER THE DATES THIS INVOICE COVERS:
HOURS WORKED: ENTER TOTAL HOURS WORKED:
HOURLY RATE: ENTER THE HOURLY RATE THAT YOU PAID YOURSELF:

SUBMITTED BY: ADD YOUR LEGAL NAME