

**City of Bellingham Human Service Program**

**Winter Emergency Shelter Invoice and Activity Report**  
 Submit form to Barbara Barr, City of Bellingham, 210 Lottie Street, Bellingham, WA 98225 Ph 778-8313

<b>AGENCY/PROGRAM</b>				
<b>ADDRESS</b>				
<b>CITY/STATE/ZIP</b>				
<b>PREPARED BY (NAME &amp; EMAIL)</b>				<b>REPORT PERIOD</b>
<b>PHONE</b>		<b>FAX</b>		from
<b>TODAY'S DATE</b>				to

CONTRACT ITEM	CONTRACT BUDGET	PREVIOUSLY BILLED	CURRENT BALANCE	CURRENT BILLING
<b>TOTAL</b>				

**I CERTIFY THAT THE ABOVE COSTS HAVE BEEN INCURRED AND PAYMENT HAS BEEN MADE AND THAT THE NECESSARY SUBSTANTIATING DOCUMENTATION AND REPORTS ARE ATTACHED.**

\_\_\_\_\_ **AUTHORIZED SIGNATURE**

\_\_\_\_\_ **DATE**

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RESERVE FOR CITY OF BELLINGHAM ACCOUNTING USE