

**City of Bellingham Human Service Program**

**Invoice and Activity Report**

*Submit form to Barbara Barr, City of Bellingham, 210 Lottie Street, Bellingham, WA 98225 Ph 778-8313*

**>> Please enter data only in shaded areas when using electronic version of this form. Tab to the next section after you've entered your data.**

<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 <span style="background-color: #cccccc; display: inline-block; width: 50px; height: 15px;"></span>
<b>TODAY'S DATE</b>				to <span style="background-color: #cccccc; display: inline-block; width: 50px; height: 15px;"></span>

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