



Lodging Tax Program Invoice

Contact Person: _____

Employer Identification Number: _____

Agency: _____

Phone: _____

Address: _____

Email: _____

City/State/ZIP: _____

Date: _____

Proof of Payment must be Attached

The agency identified above provided the following services to the City of Tumwater to promote tourism (see RCW 67.28.080).

Services Provided – Scope/Statement of Work	Date(s) Provided	Itemized Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Requested: \$ _____

Affidavit of Verification

I, the undersigned, do hereby certify under penalty of perjury that materials have been furnished, the services rendered or the labor performed as described herein (and as outlined in the Scope of Services attached as Exhibit A in the contract document), and that the claim is a just, due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify said claim.

Signature (original signature required)

Title

Please mail this invoice to:

Executive Department
555 Israel Road SW
Tumwater, WA 98501