



REQUEST FOR PAYMENT

Date: _____

Invoice Number: _____

| |
|--|
| Company Name: _____ |
| Address: _____ |
| City: _____ State: _____ Zip: _____ |
| Federal ID Number: _____ |
| Contact Person: _____ Phone Number: _____ |
| Email: _____ |

| |
|--|
| Date of Service: _____ Amount Due: _____ |
| Project Name and Address: _____ _____ |
| Description of Service: _____ _____ |

Was permitting required? _____ **If so, please submit copy of permit(s).**

Note: Please mail original receipts and a copy of this form to our office. Failure to give complete documentation will delay payment. Call Rebuilding Together Tampa Bay's Office Manager if you have any questions.