

Joint Promotional Program

New Hampshire Division of Travel and Tourism Development

New Hampshire Department of Business and Economic Affairs

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| **INVOICE FORM** |
| APPROVED GRANT #: |  |  |  |
| Grantee: |  |
|  | Total Grant Funds Approved: | $ |  |
|  | Less Previously Billed: | (-) |  |
|  | Available Balance: | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Title | Element  | Invoice Submitted(Please list each invoice separately with Vendor Name and Invoice Number) | Gross Amount of Invoice | Amount of Grant Funds Requested |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  **Total:** |  | \*$ |

 (\*Must match reimbursement amount requested on cover page)

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete and submit to:** Division of Travel and Tourism Development

 Attn: JPP Administrator

 1 Eagle Square, Suite 100

 Concord, NH 03301