

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