P.O. Box 832065, Richardson, TX 75083-2065
Phone: 214.558-0339 • info@texasramps.org • www.texasramps.org

INVOICE

Date of Invoice_____

Name and Address of person requesting Reimbursement:

Mr. John Doe
TRP Region
123 Main Street
City, Texas Zip

Date of Expense: Month/Day, Year
Name of Vendor: _____
Type of Expense : _____
_____

Amount Due: **$** _____

Terms: Net due upon presentation of invoice. **Receipts must in included with invoice request.**

Please send request with receipts to:
Texas Ramp Project
P.O. Box 832065
Richardson, Texas 75083
Or
Email request and receipts to Donna Burton at: texasrampstreasurer@gmail.com

Submitted by:

_____ Signature: _____
Texas Ramp Project
Email:
Cell Number:

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I choose to make this expense a donation to the Texas Ramp Project.

_____ _____
Name Date

TRP Role: Regional Coordinator ____, Team Leader ____, Board member ____, Staff ____.