*North Portland Neighborhood Services*
*Communication Reimbursement*

# INVOICE

FROM: _____**Neighborhood Asso**
**2209 N. Schofield**
**Portland, OR 97217**

DATE:

TO: **City of Portland** - North Portland Neighborhood Services
Attn: Tom Griffin-Valade
2209 N. Schofield
Portland, OR 97217
Phone: (503) 823-4513
Fax: (503) 285-5614
tom@npnscommunity.org

*Please reimburse the _____Neighborhood Association for expenses incurred in neighborhood outreach. Receipts are attached.*

| QTY | DESCRIPTION / VENDOR | UNIT PRICE | LINE TOTAL |
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