

Attachment C
Detail Sheet
Invoice for Reimbursement

Recipient's Name:

Recipient's Email:

Project Name:

Agreement Number:

Payment Request NO.:

Date of Request:

Current Reimbursement Amount Requested:

	Date	Description/Services	Hourly Rate	Amount
		Labor		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			Subtotal	
		Direct Expenses		
		Supplies		
		Fuel		
		Dumpsters		
		Misc.		
			Subtotal	
			Total	