

Appendix I: Veterans Temporary Emergency Housing Voucher Program (VTEMP) - Invoice

Date:

Organization Name:						
Representative Name:						
Reimbursement Payment Request Number:						
Reimbursement Payment Request Amount:						
Invoice Date:						
Attached Proof of Initial Payment:						
Month/Day/Year	Veteran Name	Hotel Name	Hotel Address	# of Days	Rate per Day	Amount Requested

Community Service Provider (Signature)

Date