

**Johnson County Community Partnership for Protecting Children**

**INVOICE**

**SUBMITTING ORGANIZATION:**

Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

[e-mail] \_\_\_\_\_

TO LaTasha DeLoach, Community Projects Specialist  
Johnson County CPPC  
855 S. Dubuque St. 202B  
Iowa City, Iowa 52245

	PROJECT NAMES/DATES OF OPERATION	PRICE
	<b>TOTAL:</b>	

\* please attach documentation of all expenses claimed e.g. receipts

For Office Use Only

STATE CPPC CONTRACT #	
JOHNSON COUNTY BUDGET LINE ITEM	
APPROVAL DATE	