

# Safer Ground Hotel Voucher Program Invoice



Invoice Date: \_\_\_\_\_

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

Name of Requesting Hotel or Agency: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## DESCRIPTION OF INVOICE CHARGES:

---

Nightly Rate: \$ \_\_\_\_\_

For the Following Dates: \_\_\_\_\_ through \_\_\_\_\_

Alameda County will not pay for any charges for incidentals, damages or deposits. If this form is being submitted by a service provider, a detailed receipt from the hotel must be attached. Reimbursement requests should be made every 30 days. Payment for up to 7 days can be invoiced in advance. If a hotel operator or service provider is seeking advance payment, a new invoice should be completed every week. It can take up to 3 business days for a check to be mailed once HCSA approves the request.

**Total Due from Alameda County:** \$ \_\_\_\_\_

**Send invoice to:** COVIDHOUSING@acgov.org

Please make check payable to: \_\_\_\_\_

\*Please note that this must match the information on the W-9 and Vendor Form. Checks will be mailed to the address listed above.

X \_\_\_\_\_

Hotel Operator or Service Agency Approved Signatory

\_\_\_\_\_  
Signor Above: **Please Print Full Name**

For questions, please e-mail [COVIDHOUSING@acgov.org](mailto:COVIDHOUSING@acgov.org) or call 510-567-8007.