To: *Santa Barbara Dance Alliance*

P O Box 22256
Santa Barbara, CA 93121
phone 966.6950
dance@sbdancealliance.org

For office purposes only. (Addendum C)

From:

Umbrella Member _____ Donor/Foundation _____

Contact _____ Contact _____

Address _____ Address _____

_____ _____

Phone/Fax_____E-mail_____ Phone/Fax _____E-mail _____

Date _____ Date Thank You Sent by SBDA _____

Check # Paid to Umbrella_____

ITEMIZED INVOICE FOR DONATIONS & GRANT FUNDS [do not include earned income]

TOTAL AMOUNT of CHECKS IN		$
-5% for SBDA service fee*		$
Or -7% for SBDA service fee*		$
	Balance paid to umbrella member	
CATEGORY	**PAID TO**	**AMOUNT**
*(*As applicable)*	**TOTAL = balance pd to member**	

This form must accompany all monies that will be deposited to Santa Barbara Dance Alliance account.
Please submit 2 copies of all checks included in this transaction.

I certify that these are the true amounts that have been/will be paid and that receipts for these expenditures will be kept on file and copies thereof and turned in to SBDA with our fiscal report by July 15_____. This complies with IRS requirements.

Umbrella authorized signature _____date_____

SBDA authorized signature _____date_____