Date _____ **Invoice No. _____**

To
City of Jackson
Office of Economic Development
200 S President St
Jackson, MS 39201

From (Business)
Name: _____

Instructions
Small Business Relief Grant Reimbursement

Description (i.e., Utility Expenses)	Total
Total Due	

Due upon receipt

Thank you!

Business Address _____
Tel**ephone Number** _____
Email Address _____

The invoice must be typed.