



# Invoice

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

**PARK PLACE FUNDING, LLC**

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

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

Contact Number(s): \_\_\_\_\_

Choose Reimbursement Method:  Wire Funds  Mail Check  I Will Pick Up Check

Property Location: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Access to property (Lockbox): \_\_\_\_\_

**Wire Information (Funds may only be wired to Borrower with prior authorization)**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Repair Items	Scheduled Cost
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CLAIM YOUR REPAIRS BELOW (EACH REPAIR MUST BE 100% COMPLETE TO RECEIVE REIMBURSEMENT ACCORDINGLY)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**DRAW AMOUNT TOTAL**

Net Reimbursement Fund Amount	Total
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SUBTRACT \$150 DRAW REQUEST FEE

**Draw Request Addendum**

I certify that the claimed repairs above will meet completion in a thorough and proficient manner before the stated inspection date. I understand that I provide any initial funds to my contractor for materials, down payment, and such requirements. Furthermore, I am aware that I will attach any invoices/receipts I have received for the listed repairs along with this form (including warranty information from any repairs done on the foundation/plumbing/roofing/HVAC of the property).

X \_\_\_\_\_ Date: \_\_\_\_\_

Park Place Funding, LLC