



# 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
CLAIM YOUR REPAIRS BELOW (EACH REPAIR MUST BE 100% COMPLETE TO RECEIVE REIMBURSEMENT ACCORDINGLY)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<b>DRAW AMOUNT TOTAL</b>	

Net Reimbursement Fund Amount	Total
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