

# INVOICE

[Your Name/Agency Name]  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

**Invoice #:** [000]  
**Date:** [Date]  
**Due Date:** [Date]

**Bill To:**

[Client Organization Name]  
[Contact Person]  
[Address Line 1]  
[City, State, Zip]

**Project Reference:**

[Grant Name/ID]  
[Funding Agency]  
[Submission Deadline]

Description of Services	Rate/Unit	Qty/Hrs	Total
Grant Research & Prospect Identification	\$0.00	0	\$0.00
Proposal Narrative Drafting	\$0.00	0	\$0.00
Budget Development & Formatting	\$0.00	0	\$0.00
Final Review & Technical Submission	\$0.00	0	\$0.00

Subtotal: \$0.00  
Adjustments/Discounts: \$0.00

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**Amount Due: \$0.00**

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**Payment Instructions:**

Please make checks payable to [Your Name] or pay via [Electronic Transfer Info].

*Thank you for the opportunity to assist with your mission.*