GRANT REIMBURSEMENT INVOICE

Official Request for Funds

Invoice #: _____
Date: _____

Grantee Organization:
[Name]
[Address]
[EIN/Tax ID]
[DUNS/UEI Number]
Funding Agency:
[Department/Agency Name]
[Program Office]
Grant/Award ID: _____
Project Period: _____

Budget Category / Line Item	Approved Budget	Previous Total	Current Period	Cumulative Total
Personnel / Salaries				
Fringe Benefits				
Equipment & Supplies				
Travel				
Contractual/Sub-awards				
Other Direct Costs				
Indirect Costs ([%] Rate)				

Total Amount Requested: $ _____

Certification:

I certify that this request is correct and that all expenditures are for the purposes set forth in the award documents.

Authorized Financial Officer Signature
Remittance Instructions:
Bank Name: _____
Routing #: _____
Account #: _____

Reference Standard Form 270 (SF-270) or equivalent agency specific requirements where applicable.