

GRANT REQUEST INVOICE

Invoice #: _____

Date: _____

Payable To (Grantee):

Organization Name _____

Address Line 1 _____

City, State, Zip _____

Tax ID / EIN _____

Bill To (Foundation):

Foundation Name _____

Department/Contact _____

Address Line 1 _____

City, State, Zip _____

Grant Information:

Grant Tracking ID: _____

Project Title: _____

Description of Activities / Budget Category	Requested Amount
e.g., Program Personnel Salaries	\$ 0.00
e.g., Supplies and Materials	\$ 0.00
e.g., Indirect / Administrative Costs	\$ 0.00
Total Disbursement Requested:	\$ 0.00

Payment Instructions:

Bank Name: _____

Account Number: _____

Routing Number: _____

Authorized Signature

Name & Title: _____

Certification: By signing above, the grantee certifies that these funds will be used solely for the purposes outlined in the Grant Agreement.