

**[NGO NAME]**

[Registration Number]  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

**INVOICE**

**Date:** \_\_\_\_\_  
**Invoice #:** \_\_\_\_\_

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**BILL TO:**

[Donor/Partner Name]  
[Organization]  
[Address]  
[Contact Person]

**PROGRAM REFERENCE:**

**Project:** [Project Name/Code]  
**Grant ID:** [Reference Number]  
**Period:** [Start Date] - [End Date]

Service / Activity Description	Quantity/Units	Unit Cost	Amount
[Program Service Detail 1]	[0]	[0.00]	[0.00]
[Program Service Detail 2]	[0]	[0.00]	[0.00]
[Operational Support / Admin Overhead]	[0]	[0.00]	[0.00]

Subtotal: \$0.00  
Tax/Fees (if applicable): \$0.00  
TOTAL DUE: \$0.00

**PAYMENT INSTRUCTIONS & NOTES:**

Bank Name: [Name]  
Account Name: [Name]  
SWIFT/IBAN: [Details]  
Notes: [e.g., Please include Invoice # in transfer reference]

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This invoice is for program services rendered in accordance with the signed partnership agreement. [NGO Name] is a registered non-profit organization.