

GRANT INVOICE

[Institution Name]
[Department]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
Grant ID: _____

DONOR INFORMATION

[Donor/Organization Name]
[Contact Person]
[Address]
[Email/Phone]

GRANT RECIPIENT

[Project/Program Name]
[Principal Investigator]
[Institution]
[Tax ID/EIN]

Description of Educational Program/Project	Amount
[Program Objective/Grant Milestone]	\$ 0.00
[Research Support/Materials]	\$ 0.00

Description of Educational Program/Project**Amount**

[Administrative/Indirect Costs]

\$ 0.00

Subtotal: \$ 0.00

Total Grant Amount: \$ 0.00

Note: This invoice is for an educational grant donation. No goods or services were provided in exchange for this contribution. The recipient institution is a qualified [e.g. 501(c)(3)] non-profit organization.

Thank you for your support of educational excellence.

[Website URL] | [Contact Email]