

GRANT INVOICE

Invoice #: [0000]
Date: [Date]

[Foundation Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

GRANTEE INFORMATION

[Organization Name]
[Contact Person]
[Street Address]
[City, State, Zip]
[Email/Phone]

GRANT DETAILS

Project Title: [Project Name]
Grant Period: [Start Date] - [End Date]
Reference ID: [ID Number]

Description of Funds / Milestone	Amount
[Program Support / General Operating Grant / Specific Project Installment]	\$0.00
[Additional Item or Indirect Costs]	\$0.00

Total Grant Request: \$0.00

PAYMENT INSTRUCTIONS

Check Payable to: [Name]
Bank Name: [Name]
Routing Number: [Number]
Account Number: [Number]

I hereby certify that the above funds will be used exclusively for the charitable purposes outlined in the Grant Agreement.

Authorized Signature