# GRANT INVOICE

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

**Invoice #:** [000]
**Date:** [Date]
**Grant ID:** [Reference Number]

## PAYABLE TO

[Recipient Organization Name]
[Contact Name/Title]
[Address]
[Email/Phone]

## SPONSORSHIP PROJECT

**Program:** [Program Name]
**Term:** [Start Date] - [End Date]
**Payment Milestone:** [e.g., Initial / Interim / Final]

| Description of Funded Activities / Deliverables | Amount |
|---|---|
| [Grant Installment / Specific Budget Line Item] | $0.00 |
| [Additional Sponsorship Benefit or Fee] | $0.00 |

Subtotal: $0.00
Total Due: $0.00

## PAYMENT INSTRUCTIONS

Bank Name: [Name]
Account Name: [Name]

Account Number: [Number]
Routing Number: [Number]

---

Notes: [Optional notes regarding grant compliance or reporting requirements.]