[ANIMAL WELFARE ORGANIZATION NAME]

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

INVOICE

GRANTOR / DONOR INFORMATION

[Grant Foundation Name]
[Contact Person]
[Billing Address]
[City, State, Zip]

INVOICE DETAILS

Invoice #: *0000*
Date: *MM/DD/YYYY*
Grant ID: *GR-000*
Due Date: *MM/DD/YYYY*

Description of Program / Project	Allocation Period	Amount
[Program Name: e.g., Spay/Neuter Initiative]	[Start Date] - [End Date]	$0.00
[Program Name: e.g., Emergency Medical Fund]	[Start Date] - [End Date]	$0.00
[Program Name: e.g., Shelter Improvement Grant]	[Start Date] - [End Date]	$0.00

Total Grant Funding Requested: $0.00

PAYMENT INSTRUCTIONS / NOTES

Please make checks payable to **[Organization Name]**. For electronic fund transfers, please use the following details: [Bank Name] | [Account Number] | [Routing Number].

Thank you for your generous support of animal welfare and our mission to protect those who cannot speak for themselves.
[Organization Website] | *[Contact Email]*