

DIGITAL ARCHIVE PROJECT
Institutional Records Division

Invoice No: _____
Date: _____

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Organization: _____

Address: _____

Email: _____

Project Reference:

Collection ID: _____

Archive Lead: _____

Tax ID: _____

DESCRIPTION OF ASSET / SERVICE	QUANTITY/HOURS	UNIT VALUE	TOTAL
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Digital Preservation License/Fee

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Total Donation Value: \$ _____

Notes: This document serves as a formal record for the Digital Archive Project. Contributions may be tax-deductible according to local regulations. No goods or services were provided in exchange for this contribution unless otherwise noted.

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