GRANT PAYMENT INVOICE

INVOICE NUMBER

DATE

GRANTOR (PAYER)

Organization Name:

Address:

Contact Email:

GRANTEE (PAYEE)

Organization/Individual:

Tax ID / EIN:

Address:

GRANT REFERENCE

Grant Name/Agreement ID:

Description of Grant Milestone / Purpose	Period	Amount

Total Grant Request Amount: $_____

PAYMENT INSTRUCTIONS (WIRE/ACH/CHECK)

AUTHORIZED SIGNATURE
DATE SIGNED

This document serves as a formal request for grant funds as per the signed Charitable Grant Agreement. Please ensure all charitable status documentation is attached if required.