INVOICE

[Foundation Name]
[Address Line 1]
[City, State, Zip]
[EIN/Tax ID]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client/Grantee Name]
[Organization]
[Address]
[Email/Phone]

PROGRAM/PROJECT:

[Project Name/Reference]
[Grant Tracking Number]

SERVICE DESCRIPTION	QTY/HRS	RATE	AMOUNT
[Service/Activity Name]	0	$0.00	$0.00
[Service/Activity Name]	0	$0.00	$0.00
[Expense Reimbursement, if applicable]	1	$0.00	$0.00

Subtotal: $0.00
Tax/Fees: $0.00

Total Due: $0.00

Payment Instructions:

Please make checks payable to **[Foundation Name]** or via wire transfer to:
Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your partnership in furthering our philanthropic mission.