[PLACE YOUR ORGANIZATIONAL LOGO OR INDIVIDUAL NAME HERE]

**INVOICE**

Request full amount if your award is $12,500 or less.

Request ½ of your award if the award is over $12,500.

Date Submitted:

Grantee Name:

EIN/SSN:

Grantee Address:

Contact Name:

Contact Phone:

Contact Email:

|  |  |
| --- | --- |
| **Invoice Number:**(Acronym of grant program - 5-Digit Grant Number-1 for first/only payment, or -2 for 2nd payment , i.e. ABC-12345-1) |  |
| **Description of Services:** |  |
| **Request Amount:**  |  |
|  |  |
| **Signature:** |  |