

## Grant Invoice

Name of Grantee: \_\_\_\_\_ Name of Project: \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Type of Request (check one)  Partial  Full Grant Amount: \_\_\_\_\_

### Bills for Reimbursement

No.	Budget Category	Document No.	Vendor/Description	Total Invoice	Amount Requested for Reimbursement

TOTAL	\$ -	\$ -
Minus Advance		
<b>Total Reimbursement Requested</b>		<u>\$ -</u>

*Attach all receipts and supporting documentation*

Remit Payment To: \_\_\_\_\_

*I certify this billing reflects only those items which conform and are consistent with the description and conditions of the project grant agreement.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE ONLY	
Invoices Reviewed _____	Total Claimed \$ _____
	Amount Withheld (\$ _____)
	Net Accepted \$ _____