



GRANT INVOICE FORM

DATE:	INVOICE NUMBER:
GRANT ID NO.:	PURCHASE ORDER NO.: PO
GRANTEE:	
GRANT PROJECT:	
TYPE OF PAYMENT:	ADVANCE REIMBURSEMENT FINAL

BUSINESS INFORMATION

BUSINESS NAME:	EIN NO.:	
STREET ADDRESS:		
CITY:	STATE:	ZIPCODE:

PAYMENT INFORMATION

A. Grant Award Amount	\$
B. Funds Received to Date	\$
C. Available (a. minus b.)	\$
D. Amount of the Request	\$
E. Remaining Funds after this payment (c. minus d.)	\$

CERTIFICATION AND SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION

I declare under penalty of perjury under the laws of the District of Columbia that this form and any accompanying supporting documents for the above mentioned Grant is true and correct to the best of my knowledge.

Signature of person authorized in resolution:

Title:

Date: