

FY15 INVOICE

Request full amount of your award if \$10,000 or less.
Request 1/2 of your award if the award is over \$10,000.

INVOICE

Invoice Number:

(3 Letters of Grant Program-5 Digit Grant Number-1 for 1st/only payment, or -2 for 2nd payment, i.e. **ABC-12345-1** or **ABC-12345-2**)

Grantee Name:

EIN/SSN:

Grantee Address:

Contact Name:

Contact Phone:

Contact Email:

Date Submitted:

Request Amount:

Signature:

FOR DCCA USE ONLY

Status:

Date Approved:

Approved By:

RQ Number:

PO Number:

Approved Amount:

Progress:

Comments:

Total Award:

This Payment:

Funds Remaining: