**Mini Grant Invoice**

***Enter requested amounts and briefly describe each item.***

|  |  |
| --- | --- |
| **Invoice Date:** | **Invoice Number:** |
| **Subrecipient Name:** |
| **Subrecipient Contact:** |
| **Address:** | **Agency Approval:** |
| **City, State Zip:** |
| **Phone:** |
| **Email:** |

|  |  |  |
| --- | --- | --- |
| **Cost Description** | **Requested Amount** | **Justification and details** |
| **Personnel/Salary**  |
|  | **$** |  |
|  | **$** |  |
| **Travel**  |
|  | **$** |  |
|  | **$** |  |
| **Supplies** |
|  | **$** |  |
|  | **$** |  |
| **Other**  |
|  | **$** |  |
|  | **$** |  |
| **INVOICE TOTAL** | **$** |

Certification: I, the undersigned, certify to the best of my knowledge that the information contained in this invoice is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorizing Financial Agent Date