|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grantee Name** | |  |  |  |  |  |
| **[Street Address]** | |  |  |  |  |  |
| **[City, ST ZIP]** |  |  |  |  |  |  |
| **Phone: (000) 000-0000** | | |  | **INVOICE #** | | **DATE** |
|  |  |  |  | **[00XX]** | | **[Insert Date]** |
|  |  |  |  |  |  |  |
| **BILL TO** | | |  | **Tax ID/DUNS** | | **Grant Agreement No.** |
| Learn 24 - Office of Out of School Time Grants and Youth Outcomes | | |  | **564** | |  |
| 1350 Pennsylvania Avenue, Suite 307 | | |  |  |  |  |
| Washington, DC 20004 | |  |  |  |  |  |
| **DESCRIPTION** | |  |  |  |  | **AMOUNT** |
| Salaries | | | | | | 6,000.00 |
| Program Supplies | | | | | | 768.35 |
| Program Equipment | | | | | | 1,225.25 |
|  | | | | | |  |
|  | | | | | |  |
|  | | | | | |  |
|  | | | | TOTAL | | 7,993.60 |
|  |  |  |  |  |  |  |
| If you have any questions about this invoice, please contact | | | | | | |
| **[Name, Phone, email@address.com]** | | | | | | |