|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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]** |