

ORGANIZATIONAL GRANT PROGRAM INVOICE FORM

Please see General Terms and Instructions for detailed invoicing instructions.

Date:

Organization Name:

Address:

City, State, Zip Code:

Phone Number:

(Organization name)

requests \$

(Invoice amount)

per the terms of our Los Angeles County Contract Code

(Contract Code)

Our Federal Tax ID number is:

CERTIFICATION

Provide the name and title of the authorized official submitting this invoice. This individual must be a representative of the grantee organization who has the authority to sign legally binding documents on behalf of the organization.

Name:

Title: