**Request for Grant Payment (Invoice)**

**[Date of Request]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Award Summary** |  |  |  |   |
| *Direct Purchase Order #:* |  |
| *Agreement #:*  |  |
| *Grantee:*  |  |
| *Agreement Title:*  |  |
| *Source of Funds:*  |  |
| *Appropriation:*  |  |
| *Awarding Program:*  |  |
| *Issued by:*  |  |
| *Grant Term:* |  |
| *Grantee POC Name:*  |  |
| *Address:*  |  |
| *Phone and Email:* |  |
|  |   |   |   |   |
| *Grant Monitor:*  |  |
| *Address:*  |  |
| *Phone and Email:* |  |
| *Grant Administrator:*  |  |
| *Address:*  |  |
| *Phone and Email:* |  |
|   |  |  |  |   |
| **Payment Request Specifics** |  |  |  |   |
| *Grant Agreement Allowed Payment Date:*  |  |
| *Grant Agreement Amount to be Disbursed:*  |  |