

# Nonprofit Grant Invoice

**From:**

Nonprofit Organization Name  
123 Main Street  
City, State ZIP  
Email: info@nonprofit.org  
Phone: (123) 456-7890

**Invoice #:**

INV-2024-001

**Date:**

2024-06-21

**To (Grant Provider):**

Grant Provider Name  
789 Grant Avenue  
City, State ZIP  
Email: grants@provider.org

**Project / Purpose:**

Youth Education Initiative

Description	Amount
Educational Materials for Workshops	\$1,500.00
Program Coordinator Stipend	\$2,000.00
Workshop Venue Rental	\$800.00
<b>Total Amount Requested</b>	<b>\$4,300.00</b>

**Payment Details:**

Bank Name: Example Bank  
Account Name: Nonprofit Organization  
Account Number: 123456789  
Routing Number: 987654321

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Authorized Signature

Date: \_\_\_\_\_