

Nonprofit Organization Name

Address Line 1

Address Line 2

Email: info@nonprofit.org

Phone: (000) 000-0000

Invoice #: 001

Date: YYYY-MM-DD

Project: Project Name

Project Expense Invoice

Billed To:

Funding Agency Name

Address Line 1

Address Line 2

Email: fundingagency@example.com

Date	Description	Category	Amount
YYYY-MM-DD	Expense description 1	Supplies	\$0.00
YYYY-MM-DD	Expense description 2	Travel	\$0.00
YYYY-MM-DD	Expense description 3	Contracted Service	\$0.00
Total:			\$0.00

Note: Please make payment to the account details on file. For questions regarding this invoice or supporting documentation, contact us at info@nonprofit.org.

Authorized Signature

Date