

**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