

# 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:

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requests \$   
*(Organization name)* *(Invoice amount)*

per the terms of our Los Angeles County Contract Code   
*(Contract Code)*

Our Federal Tax ID number is:

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## 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: