|  |  |
| --- | --- |
| [Insert Contractor Name/Company][Street Address, City, ST ZIP Code] | INVOICE  |
| To | The California EndowmentAttn: [Name of Grant Analyst]1000 North Alameda StreetLos Angeles, CA 90012 | [Milestone Based] |
| TCE contract file# | service dates (provide range) | contractor’s invoice # | Invoice date |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date work performed | SOW Project Description | SERVICES PROVIDED AND/OR DELIVERABLES SUBMITTED(describe in detail) | person performing work | AMOUNT |
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|  |  |  |  |  |
|  |  | REIMBURSABLEEXPENSES\* = |  |
|  |  | grand total = |  |
|  |  |  |

\* Reimbursable Expenses are itemized on the attached ***Receipt Record Sheet*** and copies of the receipts are included with the submission of this Invoice.

Make all checks payable to [Insert Contractor Name/Company]

Thank you for your business!