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| --- | --- | --- | --- | --- | --- | --- |
| [Insert Contractor Name/Company]  [Street Address, City, ST ZIP Code] | | | | | INVOICE | |
| To | The California Endowment  Attn: [Name of Grant Analyst]  1000 North Alameda Street  Los Angeles, CA 90012 | | | [Rates and Hours based] | | |
| TCE contract file# | | service dates (provide range) | contractor’s invoice # | | | Invoice date |
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| Date work performed | SOW Project Description | Work Performed (describe in detail) | person performing work | deliverable(s) | hOURS | RATE | AMOUNT |
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|  | |  |  | reimbursable  EXPENSES\* | |  | $ |
|  | |  |  | 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!