|  |  |
| --- | --- |
| [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 | [Rates and Hours based] |
| TCE contract file# | service dates (provide range) | contractor’s invoice # | Invoice date |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date work performed | SOW Project Description | Work Performed (describe in detail) | person performing work | deliverable(s) | hOURS | RATE | AMOUNT |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | reimbursableEXPENSES\* |  | $ |
|  |  |  | 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!