

<Insert Organization Logo / Letterhead>

Subrecipient Information

Organization Name
Contact Name
Address
Phone Number

Encumbrance #: CT
Tax I.D. #:
Program:
Period Covered:
Date Submitted:
Invoice #:

Agreement starting Balance: \$
Previously Billed: \$
Current Invoice: \$

Remaining Balance: \$

ATTN: <insert City of Dayton project manager name>

Enclosed for your review and approval you will find the supporting documentation for allowable expenses under grant CT_____ for a total invoice of \$_____ for the period of _____ through _____. Below is a breakdown of allowable expenses per line item.

Description of Activity	Total Costs
<insert line items from budget section of agreement>	
<insert line items from budget section of agreement>	
<insert line items from budget section of agreement>	
<insert line items from budget section of agreement>	
<insert line items from budget section of agreement>	
TOTAL REQUESTED FOR REIMBURSEMENT	

<Insert any other reelevant information about the invoice packet>

If you have any questions, please call me at _____.

Sincerely,

<insert signature>

First & Last Name
Title
Email Address
Organization Name