

Organization Name

To (Project Manager)

Project Manager

Street Address
 City,State Zip
 Phone: Phone #
 Fax: Fax #
 Email: email

Governor's Office of Faith Based and Community Initiatives
 Office of Ohio Governor Ted Strickland
 77 South High Street
 Columbus, Ohio 43215
 Phone: (614) 466-3398 / Fax: 0

Purchase Order#: _____ **Purchase Order Number** _____ **Invoice Date:** _____
Federal Tax ID#: _____ **Federal Tax ID** _____ **Invoice #:** _____ 1
Contact: _____ **Contact** _____ **Service Month:** _____
Contact Phone: _____ **Contact Phone** _____ **Contract #:** _____ **Contract #** _____
Contact Email: _____ **Contact Email** _____

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Line #	Cost Category	Item Description	Line Item Total	Category Total
	Category 1	Category 1	Category 1	\$0.00
1		Item		
2		Item		
3		Item		
4		Item		
5		Item		
	Category 2	Category 2	Category 2	\$0.00
6		Item		
7		Item		
8		Item		
9		Item		
	Category 3	Category 3	Category 3	\$0.00
10		Item		
11		Item		
12		Item		
	Category 4	Category 4	Category 4	\$0.00
13		Item		
14		Item		
15		Item		
	Category 5	Category 5	Category 5	\$0.00
16				
	Category 6	Category6	Category 6	\$0.00
17				
	Category 7	Category 7	Category 7	\$0.00
18				
Total			\$0.00	\$0.00
Make all Checks Payable to:			Contact	
0			Contract #	
			Payment Terms	