INVOICE

Organization Name	**To (Project Manager)**	**Project Manager**
Street Address	Governor's Office of Faith Based and Community Initiatives	
City,State Zip	Office of Ohio Governor Ted Strickland	
Phone: Phone #	77 South High Street	
Fax: Fax #	Columbus, Ohio 43215	
Email: email	Phone: (614) 466-3398 / Fax: 0	

Purchase Order #:	Purchase Order Number	**Invoice Date:**	
Federal Tax ID#:	Federal Tax ID	**Invoice #:**	
Contact:	Contact	**Project Billing Month:**	
Contact Phone:	Contact Phone	**Contract #:**	Contract #
Contact Email:	Contact Email		

501 (c) 3 Tax Exempt Letter Attached

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Cost Data Category		Budget	Period Expenses	YTD Expenses	Balance	% Spent
Category 1	**Category 1**	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**0.00%**
Category 2	**Category 2**	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**0.00%**
Category 3	**Category 3**	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**0.00%**
Category 4	**Category 4**	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**0.00%**
Category 5	**Category 5**	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**0.00%**
Category 6	**Category6**	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**0.00%**
Category 7	**Category 7**	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**0.00%**
	Total	**$35,000.00**	**$0.00**	**$0.00**	**$35,000.00**	**0.00%**

Total Reimbursement Request this Invoice **$0.00**

Make all Checks Payable to:	**Contact**
0	**Contract #**
	Payment Terms

0		
Approver 1	Signature	Date
0		
Approver 2	Signature	Date
Project Manager		
Typed Name of GOFBCI Project Manager	Signature	Date
Greg Landsman		
Typed Name of GOFBCI Director	Signature	Date