

Your Company Name/ Letterhead

Phone Fax Email	To (Project Manager) Governor's Office of Faith Office of Governor Ted K 77 S. High Street, 7th Fl Office Phone: (614) 466- Fax (614) 644- 6763
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Purchase Order #:	0	Invoice Date:	
Federal Tax ID#:	0	Invoice #:	
Contact:	0	Project Billing Month:	
Contact Phone:	-	Contract #:	
Contact Email:	0		

501 (c) 3 Tax Exempt Letter Attach

	Cost Data Category	Budget	Period Expenses
Category 1	Administrative Costs	\$0.00	\$0.00
Category 2	Marketing and Outreach	\$0.00	\$0.00
Category 3	Program Development and Implementation	\$0.00	\$0.00
Category 4	Mentoring Activity	\$0.00	\$0.00
Category 5	Sustainability	\$0.00	\$0.00
Category 6	Program Evaluation	\$0.00	\$0.00
Category 7	Other Preapproved Costs	\$0.00	\$0.00
	Total	\$0.00	\$0.00

Total Reimbursement Request this Invoice

Make all Checks Payable to:	Contact
	Contract
	Payment To

Typed Name of Grantee Fiscal Officer	Signature
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Typed Name of Grantee Director	Signature
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Typed Name of GOFBCI Project Manager

Signature

Typed Name of GOFBCI Director

Signature

INVOICE

Shandell L. Jamal

th Based and Community Initiatives
 Strickland
 loor (mail to 30th Floor)
 -3398

March-08

hed

YTD Expenses	Balance	% Spent
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	

\$0.00

ct
ct #
Terms

Date

Date

Date

Date