

**INVOICE FOR SERVICES PROVIDED**

**Billing Period**

**MONTH-MONTH (QUARTER), YEAR**

**DATE:**

**TO:** The Ohio Children's Trust Fund  
30 E. Broad, 32<sup>nd</sup> Floor  
Columbus, OH 43215-3414

**FROM:** Applicant's Address

**Federal Tax ID Number:**

**Grant Number:**

**Dates:**

**Purchase Order Number:**

**For:** (detail services)

**Amount Requested:** (dollar amount for invoice)

\_\_\_\_\_  
Authorized Signature of Grantee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ohio Children's Trust Fund Signature / Approval

\_\_\_\_\_  
Date