

Your Organization's Name		INVOICE
Your Organization's Address		
	INVOICE #	DATE
Note: Organization's name and address must be the same as W9 uploaded in grant portal with the application		

BILL TO
Arizona Complete Health 333 E Wetmore Road Tucson, AZ 85705

DESCRIPTION		AMOUNT
Project Title and Brief Description from Grant Application		\$
Check the method of payment:		
<input type="checkbox"/> ACH		
<input type="checkbox"/> CHECK (If this is checked, add mailing address below.)		
Note: must be the same address as W9 uploaded in grant portal with the application		
<i>Thank you!</i>	TOTAL	\$