



Good Care Health System

7865 Main Street | MyTown, ND 55555 | 701-555-5457
 goodcarehs.com | info@goodcarehs.com

SAMPLE FORMAT FOR INVOICE

DATE: January 10, 2025

TO: Nicole Threadgold, Program Director
 Center for Rural Health
 UND School of Medicine and Health Sciences, Rm E234
 1301 N Columbia Road, Stop 9037
 Grand Forks, ND 58202-9037

FROM: Sam Jones, Director
 Good Care Health System

REFERENCE: R-COOL Health Scrubs Camp
 January 10, 2025

Request for reimbursement as follows: (Total amount allowable for grant = \$2,500.00 + \$500 EMS if added)

EXPENSES	COST
Transportation	
Driver Stipends (\$100 x 2)	\$200.00
Fuel	\$20.00
Food for Students and Helpers	
AM snacks (\$2.50 x 32)	\$80.00
Lunch (\$5.95 x 32)	\$190.40
PM Snacks (\$2 x 32)	\$64.00
Site Coordinator	
Plan, coordinate, travel, supervision	\$1,000.00
Supplies/Program Expenses	
Gloves	\$9.89
Glucose Testing	\$51.13
Blood Pressure Kits and Thermometers	\$29.98
Disability Equipment	\$128.00
Communications	
Student Folders (\$0.17 x 28)	\$4.76
Postage (\$0.43 x 150)	\$64.50
Copies	\$32.20
Newspaper & Radio	\$40.00
TOTAL AMOUNT OF THIS REQUEST	\$1,914.86

Please contact Sam Jones at (907) 335-2134, if you have any questions regarding this invoice. The receipts are enclosed.

Thank you,

Jane Doe
 Accounting Director

NOTES: Please submit your invoice on your organization's letterhead. Scrubs grants are reimbursed on actual charges. Please attached any backup to substantiate the charges, such as receipts or other documentation. Please clearly delineate the amount of your request.