



# Good Care Health System

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

## SAMPLE FORMAT FOR INVOICE

DATE: February 18, 2017

TO: Kylie Nissen, Senior Project Coordinator  
 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  
 February 8, 2018

Request for reimbursement as follows: (Total amount allowable for grant = \$2,500.00)

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

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. Please attached any backup to substantiate the charges, such as receipts or other documentation. Please clearly delineate the amount of your request.*