Great Bay Resource Protection Partnership
Stewardship Grant Program
Invoice Form

Project Name:
Grantee Name (checks payable to):
Grantee Mailing Address:
Grant Award Year (e.g.6.2024):

Certified By (Grantee signature): _____

Name (printed):

Title:

Date:

Task #	Project Expense Description	Stewardship Grant Funds	Match Funds	Total Grant & Match
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
	Total	$ 0.00	$ 0.00	$ 0.00

Invoice Narrative Provide information, as needed, to explain Task budget costs. Describe Tasks accomplished and final project outcome. Attach photos of project site.

Invoice Instructions

See Grant Award Letter Attachment A for required documentation for reimbursement of eligible grant and match expenditures.

Provide costs for both Grant reimbursement and Match Funds.

Submit Invoice as per Instructions provided on the GBRPP Website Grants Program