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| --- | --- |
| Grantee Name | invoice |
| [Street Address][City, ST ZIP Code]Phone [Phone] | Fax [Fax] | INVOICE # [Invoice No.]DATE [Date] |
| TOMassachusetts Technology Collaborative75 North DriveWestborough, MA 01581Phone: (508) 870-0312 | Fax: (508) 898-2275 | FOR MeHI Connected Communities Implementation GrantTask Order # 16.1 |

**\*Please include Invoice Cost Summary with Invoice\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period of Expenditures:** MM/DD/YYYY – MM/DD/YYYY

|  |  |
| --- | --- |
| Description | Amount |
| Invoice for (check one): 🞏 Transformation Plan 🞏 Milestone 1 🞏 Milestone 2 🞏 Milestone 3 🞏 Milestone 4. | $x |
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| Total |  |

Make all checks payable to Grantee Name

Payment is due within 45 days.

If you have any questions concerning this invoice, contact [Name] | [Phone] | [Email]

#### Thank yoU!