**\*Document should be on agency letterhead\***

**STANDARD INVOICE TEMPLATE**

[Organization Name]

[Organization Address]

[City, State, Zip]

 [DATE]

**Bill to:**

Family and Children’s Trust Fund (FACT)

5600 Cox Road

Glen Allen, VA  23060

|  |  |
| --- | --- |
| DESCRIPTION | AMOUNT |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL: |  |