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| [Company Name][Street Address][City, ST ZIP Code]Phone [phone] Fax [fax] | INVOICE |
| Invoice #[Number]Date: [Click to Select Date] |

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| To:Houston Wilderness550 Westcott St., Suite 305Houston, TX 77007 | For:Project/Grant Name:Project Partner Type: **HW CGO Grant Subrecipient** |

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| DESCRIPTION | HOURS | RATE | AMOUNT |
| [Please provide detailed description of item(s) or service(s) for reimbursement as it relates to the grant] |  |  |  |
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|  |  | TOTAL |  |

**ATTACH ANY RECEIPTS TO THE BACK OF THIS INVOICE**