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

|  |  |
| --- | --- |
| To: Houston Wilderness  550 Westcott St., Suite 305  Houston, 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**