

GRANTEE NAME

INVOICE

(Must match address on grant agreement)

DATE:

Street

City

VT ZIP

Phone

If fiscal agent or Supervisory Union, name of business or school performing grant work:

TO:

Vermont Agency of Agriculture
116 State Street
Montpelier, VT 05620

FOR:

Grant #: 02200-

Claim

First:
or only

Second:

(select one as appropriate) Third:

Description	CLAIM AMOUNT
<p>Grant Payment Request <i>Please refer to Attachment B in your grant agreement to confirm all claim requirements and preconditions.</i></p>	\$
TOTAL	\$