GRANT/PROJECT NAME HERE

To:

AP@aihec.org

Accounts Payable

American Indian Higher Education Consortium 121 Oronoco Street Alexandria, VA 22314

From:

Date:

**Deliverables for (Invoicing Period):**

* **Details of services and work completed**

Total Due to Contractor: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please pay by direct deposit to:

Banking Information

Or send check to:

Contractor Name and Address