|  |  |  |
| --- | --- | --- |
| Institution/Organization NameStreet AddressCity, ST ZIPPhone: |                      | **INVOICE****Research & Community Service Grants** |
| **Email all Invoice requests to:**chestnet\_invoicecapture@concursolutions.com |

|  |  |
| --- | --- |
| **INVOICE #** | **DATE** |
|        |        |

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| **BILL TO** |
| CHEST Foundation |  |
| Konstandina Dulu |  |
| 2595 Patriot Blvd |  |
| Glenview, IL 60026 |  |

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|  |  |
|  |  |
| **DESCRIPTION** | **AMOUNT** |
| Grant ID number |  |  |
| Grant Disease State |  |  |
| Name of Grantee |  |  |
| Total grant amount awarded |  |       |
|  | 50% paid upon returning fully executed LOA |       |
|  | 20% paid upon submission of interim report |       |
|  | 30% paid upon submission of final report  |       |
|  |  |  |
|  |  |  |
| **TOTAL** |  |

* Separate invoices are required for each milestone listed above.
* Total should reflect only what is being requested for the invoices related milestone.
* Invoices submitted prior to a milestone being achieved will not be paid and must be resubmitted upon meeting that milestone.

If you have any questions about this invoice, please contact:

grants@chestnet.org