

**GRANTEE NAME**

**INVOICE**

*(Name and Address must match 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><b>Grant Payment Request</b> <i>Please refer to Attachment B in your grant agreement to confirm all claim requirements and preconditions.</i></p>	<p>\$</p> <p><i>Claim amounts must be in whole dollars</i></p>
<b>TOTAL</b>	\$