**INVOICE**

**MINI-GRANTS PROGRAM**

**Check one:**

**Fashion and Technology: \_\_\_**

**STEM Program: \_\_\_**

**Open Round: \_\_\_**

**Creative Aging \_\_\_\_**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Library Name and Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Invoice#** \_\_\_\_\_\_\_\_\_\_\_\_

**Invoice Period:**

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For expenses incurred:**

**Requested**

**Date Description Reimbursement**

**Total reimbursement requested:** $ \_\_\_\_\_\_\_\_\_\_\_

**Completed invoice should be sent to: Francine Feuerman,**

**Chief Financial Officer**

**Westchester Library System**

**570 Taxter Rd, suite 400**

**Elmsford, NY 10523**

**Tel# 914-231-3222**

**e-mail: ffeuerman@wlsmail.org**