Arts Council of Hillsborough County
1000 North Ashley Drive, Suite 105
Tampa, Florida 33602
813/276-8250 * fax 813/276-8260

Individual Artist Grant Program
Invoice for Payment

Name:	Grant number:
Address:	Grant amount awarded:
Social Security Number:	Date:
Telephone: E-mail:	Have you attached receipts, copies of canceled checks, etc.?

Budget Item(s)	Expenditures Since Last Billing
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTALS	$
Amount Requested	$(A)
Grant Amount Received to Date	$(B)
Total (A) + (B) not to exceed Grant Amount Awarded	$

Certification: It is certified that the information provided is true and correct, and the expenditures were incurred solely for the purpose of the approved referenced grant activity.

Signature_____