

2023 MICHIGAN SYSTEMS OF CARE TRAUMA SYSTEM MAINTENANCE AND SUPPORT OR STROKE AND STEMI SYSTEM INITIATIONS

PROJECT INVOICE

FOR FIDUCIARY USE ONLY
Funded amount: _____
Approved by: _____ (print and sign name)

FROM: Name & Title: _____
 Organization: _____
 FEIN (required): _____
 Street Address: _____
 City, State, Zip : _____
 Phone: _____
 Email: _____

DATE: _____

TO: [RMCAN] Insert Name

PROJECT TITLE:

For services rendered in the project description and application. Documentation, i.e. invoices/receipts, itemizing fund allocations must be submitted with invoice.

Item Description

Amount

Total: _____

Fiduciary: _____

Date: _____