



**(Sample Invoice)**

Retype this invoice on your letterhead, fill in the information for your project and include with your final report.

**INVOICE FOR RECEIPT OF PAYMENT**

PROJECT DIRECTOR  
ORGANIZATION NAME (AS LISTED ON THE TAX ID FORM)  
MAILING ADDRESS  
CITY, STATE, ZIP  
PHONE NUMBER  
EMAIL ADDRESS

PROJECT TITLE: \_\_\_\_\_

PROJECT CODE: \_\_\_\_\_  
*(This number is listed in the Letter of Confirmation from MDA.)*

ESTIMATED COST OF PROJECT LISTED ON APPLICATION \$ \_\_\_\_\_

ACTUAL COST OF PROJECT \$ \_\_\_\_\_  
*(Only approved expenditures relating to grant project original application.)*

**MATCH GRANT AMOUNT DUE** \$ \_\_\_\_\_

(If project cost is less than estimate, you may receive only the designated percentage of the actual cost. If project cost exceeded the estimate, you may receive only the original grant amount awarded not to exceed \$10,000 or \$15,000 if a Regional Project.)

For more information on the Economic Development Marketing Grant Program, contact the local MDA Regional Office or visit the MDA website at [www.mississippi.org](http://www.mississippi.org).

**Mail to:**  
**Mississippi Development Authority**  
**Regional Services Division**  
**PO Box 849**  
**Jackson MS 39205**