|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution/Organization Name  Street Address  City, ST ZIP  Phone: | | |  | **INVOICE**  **Distinguished Scholar Grants** |
| **Email all Invoice requests to:**  [chestnet\_invoicecapture@concursolutions.com](mailto:chestnet_invoicecapture@concursolutions.com) | | | | |  |  | | --- | --- | | **INVOICE #** | **DATE** | |  |  | |
| |  |  | | --- | --- | | **BILL TO** | | | CHEST Foundation |  | | Konstandina Dulu |  | | 2595 Patriot Blvd |  | | Glenview, IL 60026 |  | | | | |  |
|  | | | |  |
|  | | | |  |
| **DESCRIPTION** | | | | **AMOUNT** |
| Grant ID number | |  | |  |
| Grant Disease State | |  | |  |
| Name of Grantee | |  | |  |
| Total grant amount awarded | |  | |  |
|  | 40% paid upon returning fully executed LOA | | |  |
|  | 15% paid upon submission of interim report at end of year one (1) | | |  |
|  | 15% paid upon submission of interim report at end of year two (2) | | |  |
|  | 30% paid upon submission of final report at end of year three (3) | | |  |
|  | |  | |  |
|  | |  | |  |
| **TOTAL** | | | |  |

* Separate invoices are required for each milestone listed above.
* Total should reflect only what is being requested for the invoices related milestone.
* Invoices submitted prior to a milestone being achieved will not be paid and must be resubmitted upon meeting that milestone.

If you have any questions about this invoice, please contact:

[grants@chestnet.org](mailto:grants@chestnet.org)