

Institution/Organization Name

Street Address

City, State, Zip

Phone

# INVOICE

Email all Invoice requests to:

[chestnet\\_invoicecapture@concursolutions.com](mailto:chestnet_invoicecapture@concursolutions.com)

Research & Community Service Grants

**BILL TO**

CHEST Foundation  
Attn: Grants Dept  
2595 Patriot Blvd  
Glenview, IL 60026

INVOICE #	DATE

**DESCRIPTION**

**AMOUNT**

Grant ID number

Grant Disease State

Name of Grantee

Total grant amount awarded

80% paid upon returning fully executed LOA

20% paid upon submission of final report

**TOTAL** \_\_\_\_\_

- i Separate invoices are required for each milestone listed above.
- i Total should reflect only what is being requested for the invoices related milestone.
- i 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)