

# INVOICE

## Technical Assistance Services



Invoice Number: \_\_\_\_\_ Date: \_\_\_\_\_ NYSERDA Purchase Order #: \_\_\_\_\_

Project Title: \_\_\_\_\_

### FROM:

Company Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### TO:

NYSERDA Project Manager Name \_\_\_\_\_

Total Project Cost: \_\_\_\_\_ Total Invoice Amount: \_\_\_\_\_

Amount Invoiced to Customer: \_\_\_\_\_ Invoice Date Range: \_\_\_\_\_

Total Amount Invoiced to Date (including this invoice): \_\_\_\_\_

**\*Required for 100% cost share projects, otherwise optional:**

\_\_\_\_\_  
\*Customer Name & Title

\_\_\_\_\_  
\*Customer Signature



