

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

