# *Invoice*

|  |  |  |
| --- | --- | --- |
| **Bill to** |  | **Billed by** |
| **NNLM *All of Us* Program Center**  Hardin Library of the Health Sciences  University Libraries  University of Iowa  600 Newton Rd  Iowa City, IA 52242  Email to: [USS-Library@uiowa.edu](mailto:USS-Library@uiowa.edu) and [ingrid-valencia@uiowa.edu](mailto:Ingrid-valencia@uiowa.edu) |  | [Organization Name]  [Organization Address] |

**Date of Invoice Submission:** *MM/DD/YYYY*

| **Date** | **Description** | **Billed Amount** |
| --- | --- | --- |
|  | Broadly describe how NAPC Award funds were used. Refer to the award name and/or activity title.  Example: Local health fair programming at x city for NAPC Event Support Award on [date]. |  |
|  |  |  |
|  | **Total Billed Amount Due** |  |

**Please remit payment to**

[Billing Address]