# *Invoice*

|  |  |  |
| --- | --- | --- |
| **Bill to** |  | **Billed by** |
| **NNLM *All of Us* Program Center**Hardin Library of the Health SciencesUniversity LibrariesUniversity of Iowa600 Newton RdIowa City, IA 52242Email to: USS-Library@uiowa.edu and 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]