

ANSCHUTZ FAMILY FOUNDATION

CHALLENGE GRANT INVOICE

Please note: You can submit this invoice as soon as you raise the funds, you do not need to wait for the October 1 deadline.

Date: Click here to enter text.

Grantee Name: Click here to enter text.

Grantee Address: Click here to enter text.

Grant Amount Issued: \$Click here to enter text.

Actual Amount Raised: \$Click here to enter text.

New or Increased	Category of support (individual, business, special event, etc.)	Donations Received (x @ \$x)	Information about the ask (What did you do?)	Total
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ Click here to enter text.
				TOTAL: \$Click here to enter text.