



Metropolitan Nashville Arts Commission
 800 2nd Avenue South, 4th Floor
 P.O. Box 196300
 Nashville TN 37219-6300
 (615) 862-6744
 arts@nashville.gov

Grant Invoice – FY 2008 (July 1, 2007 – June 30, 2008)

1. Date: _____
2. Requesting agency: _____
 As shown on your 501(c)(3) determination letter of tax exemption from the IRS.
3. Address to mail checks: _____
4. Phone: _____
5. Return To: Metro Nashville Arts Commission
 P.O. Box 196300
 Nashville TN 37219-6300
6. Program title: _____
7. Application #: _____ Grant category _____
 (from grant contract)
8. In the space below, please provide a brief progress report on both the Project and the Expenditure of Funds.

Funds spent or obligated

9. Personnel – administrative\$ _____
10. Personnel – artistic\$ _____
11. Personnel – technical / production.....\$ _____
12. Fringe benefits.....\$ _____
13. Outside professional services.....\$ _____
14. Space rental.....\$ _____
15. Travel / transportation.....\$ _____
16. Other.....\$ _____
17. **Total project funds spent or obligated to date:**.....\$ _____
18. Total grant amount.....\$ _____
19. Prior payments\$ _____
20. Balance due to date\$ _____
21. **Amount of this request**.....\$ _____
22. **Balance remaining**\$ _____

Signed by: _____ Date: _____
 Executive Director or Project Coordinator

Type or print name: _____

Submit only one (1) copy with an original signature in blue ink.

Office use only:

Received	Fund	Business Unit	Object Code	Vendor