Appendix E

# Sample Invoice

Date: _____

Company Name: _____

Address: _____

Email: _____

Grant Agreement # _____

Payment Terms Net 30

RFQ # or Call for Projects_____

Solicitation Title _____

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**To:** Space Florida (Accounting)
505 Odyssey Way, Suite 300
Exploration Park, FL 32953
accounting@spacelforida.gov
321-730-5301

**Ship to**: Tony Gannon
Space Florida
505 Odyssey Way, Suite 300
Exploration Park, FL 32953
tgannon@spaceflorida.gov
321-730-5301 ext. 230

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**Description** **Total**

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**Proposal Title / Description of work**

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**Total Due** _____