

2021 MICHIGAN TRAUMA SYSTEM DEVELOPMENT PROJECT INVOICE

FOR RMCAN USE ONLY

Funded amount: _____

Approved by: _____
(print and sign name)

FROM: Name & Title
Organization
FEIN (required)
Street Address
City, State, Zip
Phone
Email

DATE:

TO: Regional Medical Control Authority Network (RMCAN) Project Liaison

PROJECT TITLE:

For services rendered in the project description and application. Documentation, i.e. invoices/receipts, itemizing fund allocations must be submitted with invoice.

Item Description

Amount

Total: _____

Fiduciary: _____

Date: _____