

# Healing Our Island

## INVOICE

**DATE:**

*Name & address below must reflect payable name and address on V-8 Vendor Form:*

**FROM:**

**PROJECT NAME:**

**HEALING OUR ISLAND GRANT ID NUMBER:**

**TO: County of Hawaii – Department of Research & Development  
Hawaii County Resource Center  
25 Aupuni Center – Room 109  
Hilo, HI 96720**

**FOR:** Community anti-drug efforts Healing Our Island grant proposal award in the amount of \$\_\_\_\_\_ for project to be administered toward drug use prevention/education issues.

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Submitted by (signature)