



COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY PROGRAM INVOICE

FOR DCED USE ONLY:
DRGR VOUCHER #:

SECTION I: GENERAL INFORMATION

1. GRANTEE (NAME & ADDRESS):	2. DCED CONTRACT NUMBER:	3. CONTRACT AMOUNT:
	4. VENDOR NUMBER:	5. CONTRACT ACTIVITY PERIOD (MONTH, DAY, YEAR): FROM: _____ TO: _____
	6. INVOICE REPORTING PERIOD (MONTH, DAY, YEAR): FROM: _____ TO: _____	7. GRANTEE INVOICE NUMBER:

SECTION II: FISCAL INFORMATION

****Please report in whole dollar amounts****

1. ACTIVITY NUMBER & NAME	2. ACTIVITY TYPE	3. TOTAL ACTIVITY BUDGET	4. FOR DCED USE ONLY ER/CL DATE	5. EXPENDITURES THIS INVOICE PERIOD (DO NOT DEDUCT PROGRAM INCOME)	6. <u>GRANTEE USE ONLY</u> PROGRAM INCOME USED

SECTION III: INVOICE INFORMATION

1. Program Income on Hand:	
2. Expenditures this Invoice Period:	
3. Program Income Used:	
4. Total Amount Requested: (2-3=4)	

SECTION IV: DEPOSITORY

1. BANK NAME & ADDRESS:	
2. BANK ACCOUNT NUMBER:	

SECTION V: CERTIFICATION

I have reviewed and certified that all information submitted for processing of this payment request is accurate and eligible under the program. Program Income earned has been expended prior to drawing funds from DRGR. Any false statements made willfully may be subject to penalties under Section 1001 of Title 18 of the United States Code. The initial review performed by DCED on this invoice does not constitute acceptance of its associated expenditures. DCED's Compliance Monitoring Division will conduct a more comprehensive review during the contract period to ensure eligibility of related expenditures.

1. GRANTEE'S AUTHORIZED SIGNATURE:	2. NAME & TITLE (TYPED OR PRINTED):	3. DATE:
4. CONTACT PERSON:	5. PHONE NUMBER:	6. EMAIL ADDRESS:
		7. DATE SUBMITTED:

FOR DCED USE ONLY / DCED APPROVAL:

SIGNATURE/INITIALS & DATE:

COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY PROGRAM INVOICE INSTRUCTIONS

SECTION I: GENERAL INFORMATION

1. **Grantee Name & Address:** Use the Name & Address (i.e., local unit of government) as it appears on the grant contract.
2. **DCED Contract Number:** Located in the upper right corner of the contract or at the bottom right of the contract signature page.
3. **Contract Amount:** Located under Article I of the contract or first page of the most current amendment.
4. **Vendor Number:** Six-digit number (or nine w/ extension ex. 111111-012) located on the signature page of the contract.
5. **Contract Activity Period:** Located under Article III of the grant contract or on the first page of the most current amendment.
6. **Invoice Reporting Period:** These dates should reflect the period the expenditures are incurred.
7. **Grantee Invoice Number:** Number grantee assigns to invoice for internal tracking, generally in sequential order per contract.

SECTION II: FISCAL INFORMATION *****Please report in whole dollar amounts*****

1. **Activity Number & Name:** Located under Column 1 of your CDBG-DR Approved Budget.
2. **Activity Type:** Located under Column 2 of your CDBG-DR Approved Budget.
3. **Total Activity Budget:** Located under Column 3 of your CDBG-DR Approved Budget.
4. **For DCED Use Only ER/CL Date:** This column is for DCED Use Only. Do not complete.
5. **Expenditures This Invoicing Period:** Expenditures that have been actually incurred during the current invoicing period per activity.
6. **Program Income Used:** This column is for the grantee to use to record program income for draw down.

*****Documentation must be attached to the invoice to support the expenditures requested.***

SECTION III: INVOICE INFORMATION

1. **Program Income on Hand:** Current amount of program income that the grantee has in their account. ALL PROGRAM INCOME NEEDS REPORTED AND USED PRIOR TO CDBG-DR FUNDS BEING DRAWN.
2. **Expenditures This Invoice Period:** The total amount under Column 5, Section II.
3. **Program Income Used:** The total amount under Column 6, Section II.
4. **Total Amount Requested:** Subtract 3 (Program Income Used) from 2 (Expenditures this Invoice Period).

SECTION IV: DEPOSITORY

1. List the name and address of the agency's bank where the grant funds will be deposited.
2. List the bank account number to which the ACH Deposit of the grant funds will be made.

Please Note: Bank data listed on the invoice must be registered on your Commonwealth Vendor Record. If the bank data is not registered you can contact the Vendor Data Management Unit (VDMU) at 1-877-435-7363 (choose option 1). VDMU will provide instructions on how to update your vendor record and what documentation needs to be submitted. All payments are made via ACH; if your bank data is not registered it will delay the processing of invoice.

SECTION V: CERTIFICATION

1. **Signature:** Signature of person who reviewed and certified invoice as authorized by the municipality. (NOTE: Private contractors, consultants or contracted agencies (i.e. Community Action Program (CAP) Agencies, Councils of Government (COG), Redevelopment Authorities, etc.) are NOT permitted to sign on behalf of the grantee/municipality. Invoices without the proper authorized official's signature will be rejected.
2. **Name & Title:** Type or print the name and title of individual who signed.
3. **Date:** Date Signed.
4. **Contact Person:** List the name of the individual that can be contacted regarding any questions concerning the invoice.
5. **Phone Number:** Phone number (including area code) for the contact person.
6. **Email Address:** Valid email address for the contact person, where they can be reached regarding any questions concerning the invoice.
7. **Date Submitted:** Date the invoice is completed and submitted.

DCED USE ONLY

This section is reserved for DCED. Do not complete any information in this section.

Invoices should be submitted to the DCED - Center for Community Financing, Commonwealth Keystone Building, 4th Floor, Harrisburg, PA 17120-0225. Attn: Christine Howe.