

COMMUNITY SERVICES BLOCK GRANT ENTITLEMENT PROGRAM INVOICE



FINAL INVOICE

11. GRANTEE INVOICE NUMBER:

SECTION I: GENERAL INFORMATION		
1. GRANTEE (NAME & ADDRESS):	2. DCED CONTRACT NUMBER:	3. FEDERAL ID NUMBER (FEIN):
	4. VENDOR NUMBER:	5. CONTRACT AMOUNT:
	6. DUNS NUMBER:	7. CFDA NUMBER:

9. INVOICE REPORTING PERIOD (MONTH, DAY, YEAR): FROM: TO:	10. CONTRACT ACTIVITY PERIOD (MONTH, DAY, YEAR): FROM: TO:
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SECTION II: FISCAL INFORMATION
 Please report in whole dollar amounts

BUDGET CATEGORY (Entitlement Funds Only)	1. APPROVED BUDGET AMOUNT	2. TOTAL AMOUNT PREVIOUSLY INVOICED	3. EXPENDITURES THIS INVOICING PERIOD (NOT PREVIOUSLY INVOICED OR ESTIMATED)	4. CUMULATIVE EXPENDITURES TO DATE (COLUMN 2 + 3)	5. REMAINING BALANCE (COLUMN 1 - 4)
MACHINERY/EQUIPMENT				\$0	\$0
OPERATING COSTS/WORKING CAPITAL				\$0	\$0
RELATED COSTS				\$0	\$0
OTHER				\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0

SECTION III: INVOICE INFORMATION	SECTION IV: DEPOSITORY
1. Expenditures to Date: \$0	1. BANK NAME & ADDRESS
2. Estimated Expenditures:	
3. Total Expenses to Date: (1+2) \$0	
4. Payments Received:	
5. Cash on Hand: (4-3)=(+/-) \$0	
6. Payments in Progress:	2. BANK ACCOUNT NUMBER
7. Payment Amount Requested: (6-5) \$0	

Remarks:

SECTION V: CERTIFICATION

By signing this form, I certify that it is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent information may be subject to criminal, civil or administrative penalties. 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 comprehensive review during the contract period to ensure eligibility of all related expenditures.

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

DCED USE ONLY

DOC ITEM	FUND	COST CENTER	IO NUMBER	GL/ACCOUNT	BUDGET PERIOD	AMOUNT
TOTAL						