



WEATHERIZATION ASSISTANCE
DOE PROGRAM INVOICE

☐ FINAL INVOICE

10. GRANTEE INVOICE #:

SECTION I: GENERAL INFORMATION

1. GRANTEE NAME & ADDRESS:	2. DCED CONTRACT NUMBER:	FEDERAL ID NUMBER (FEIN):
	VENDOR NUMBER:	CONTRACT AMOUNT:
	DUNS NUMBER: 6.	CFDA NUMBER:
8. INVOICE REPORTING PERIOD (MONTH, DAY, YEAR): FROM: TO:	9. CONTRACT ACTIVITY PERIOD (MONTH, DAY, YEAR): FROM: TO:	

SECTION II: FISCAL INFORMATION

Please report in whole dollar amounts

BUDGET CATEGORY	1. APPROVED BUDGET AMOUNT	2. TOTAL AMOUNT PREVIOUSLY INVOICED	3. EXPENDITURES THIS PERIOD NOT PREVIOUSLY INVOICED OR ESTIMATED	4. ESTIMATED EXPENDITURES THIS INVOICING PERIOD	5. TOTAL EXPENDITURES REQUESTED THIS INVOICING PERIOD (COLUMN 3 + 4)	6. CUMULATIVE EXPENDITURES TO DATE (COLUMN 2 + 5)	7. REMAINING BALANCE (COLUMN 1 - 6)
Administration							
Financial Audit							
Direct Services							
Health & Safety							
Liability Insurance							
T&TA							
Total							

SECTION III: INVOICE INFORMATION

Payment Amount Requested: <i>(The total of Column 5 from Section II)</i>	\$
Remarks:	

SECTION IV: DEPOSITORY

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

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:	NAME & TITLE (TYPED OR PRINTED):			2.
3. CONTACT PERSON:	PHONE NUMBER:	EMAIL ADDRESS:	5.	DATE SUBMITTED:

DCED USE ONLY

ACCOUNT CODE LINE	BUDGET CATEGORY	FUND	COST CENTER	IO NUMBER	COMMITMENT NUMBER	AMOUNT
	ADMINISTRATION					
	FINANCIAL AUDIT					
	DIRECT SERVICES					
	HEALTH & SAFETY					
	LIABILITY INSURANCE					
	T&TA					
					TOTAL	

WEATHERIZATION ASSISTANCE DOE PROGRAM INVOICE INSTRUCTIONS

SECTION I: GENERAL INFORMATION

1. **Grantee Name & Address:** Name & Address 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. **Federal ID Number (FEIN):** Nine-digit number assigned by the IRS (ex. 23-2222222) located on the signature page of the contract.
4. **Vendor Number:** Six-digit number (or nine w/ extension, ex. 111111-012) located on the signature page of the contract.
5. **Contract Amount:** Enter the total contract amount listed from your most recently approved funding release. This would include both streams of funding (i.e. LIHEAP + DOE) and is necessary for our comptroller's office to process your agency's payment.
6. **DUNS Number:** This number is required for Federal Grants and should have been obtained from the Dun & Bradstreet site. It can usually be found on the agency's most recent FFATA form.
7. **CFDA Number:** Located on the signature page of the contract.
8. **Invoice Reporting Period:** Enter the month you are submitting your invoice for (e.g. if you are submitting April's invoice, you would enter April 1, 2014 to April 30, 2014).
9. **Contract Activity Period:** Enter the contract date span listed in your blue backed contract (i.e. Master Agreement), located under Article III or on the first page of the most current amendment. This would include the total time of the grant (for both funding sources) and is necessary for our comptroller's office to process your agency's payment. **(NOTE: Please do not add additional time to incorporate estimated expenditures.)**
10. **Grantee Invoice #:** This is a number assigned by the grantee for the grantee's tracking purpose.

*** Please check box on invoice if this is a final request.**

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

1. **Approved Budget Amounts:** List the approved budget amounts as they appear in the most current Funding Release Form or approved budget modification. Your invoiced budget amounts must match the most recently approved budget. Any changes to these amounts must be approved by the program office prior to invoicing.
2. **Total Amount Previously Invoiced:** Enter the totals from Column 6 of your previous month's invoice (which would include expenditures and estimated expenditures from the previous month).
3. **Expenditures This Period Not Previously Invoiced or Estimated:** Enter any **NEW** expenditures you have for the month you are submitting for (i.e. not previously invoiced or previously estimated.) **If you previously estimated expenditures, DO NOT report them again here**, as they were already accounted for in last month's invoice. Additionally, should you have overestimated expenditures, please do not report negative numbers in this column. Instead, please treat cash on hand as "zero" expenditures.
4. **Estimated Expenditures This Invoicing Period:** Enter any **NEW** estimated expenditures that you anticipate needing funds for — **do not report previously estimated expenditures again.**
5. **Total Expenditures Requested This Invoicing Period:** Total of Columns of 3 and 4.
6. **Cumulative Expenditures:** Total of Columns 2 and 5.
7. **Remaining Balance:** Subtract Column 6 from Column 1.

SECTION III: INVOICE INFORMATION

1. **Payment Amount Requested:** Total of Column 5 under Section II; Total Expenditures Requested this Invoicing Period. The payment amount requested must equal the total of expenditures requested.

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.

SECTION V: CERTIFICATION

1. **Signature of Authorized Official:** Must be signed by an authorized official of the agency; invoice must be signed to process.
2. **Name & Title:** Type or print the name and title of authorized official.
3. **Contact Person:** List the name of the individual that can be contacted regarding any questions concerning the invoice.
4. **Phone Number:** Phone number (including area code) for the contact person.
5. **Email Address:** Valid email address for the contact person, where they can be contacted regarding any questions concerning the invoice.
6. **Date Submitted:** Date the invoice is completed.

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