



**Community and Regional Organizations
Expenditure and Payment Invoice**

Purpose: Civic Organizations use this form to submit expenditures for reimbursement.

Instructions: Send the completed form to the Department of Finance for payment.

| APPLICATION INFORMATION | | |
|---|------------------------------|----------|
| ORGANIZATION NAME | PROGRAM NAME | |
| PLEASE CHECK INVOICE NUMBER 1 2 3 4 | DATE OF INVOICE (mm/dd/yyyy) | |
| MAKE CHECK PAYABLE TO | | |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |

| EXPENDITURE CATEGORY | EMPLOYEE NAME/ITEM PURCHASED/VENDOR NAME | PURCHASE/ACTIVITY DATE/EMPLOYEE HOURLY PAY RATE | CHECK NUMBER DIRECT DEPOSIT NUMBER | AMOUNT |
|---|--|---|------------------------------------|----------------------|
| SALARIES | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| COMMODITIES (MATERIALS/SUPPLIES) | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CONTRACTUAL | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| IDENTIFY EQUIPMENT PURCHASED* | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TOTAL COST SUBMITTED TO DATE | PRIOR COST SUBMITTED TO DATE | AMOUNT SUBMITTED FOR PAYMENT | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

| CERTIFICATION | | |
|--|-------------------------------|----------------------|
| <i>I certify that all costs being claimed for payment will incur within the time frame of the grant period are for budget category activities approved under the grant, and have been previously claimed for reimbursement. Source documentation to substantiate costs is on file and will be available for audit.</i> | | |
| AUTHORIZED PERSON'S NAME (print) | AUTHORIZED PERSON'S SIGNATURE | DATE (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

*Purchase must be pre-approved. Please complete *Equipment Purchase Form*. If additional space is needed, please complete the *Expenditure and Payment Form* Page 2 and attach it to this sheet. If you have any questions, please call (757) 393-8831.

