



**OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION
INVOICE FORM**

See Instructions on Back

Date Received Initial

BILLING PERIOD: From _____ to _____ **GRANT NO.:** _____

GRANTEE NAME: _____ **SERVICE** _____ **INVOICE NO.:** _____

DUNS NO.: _____

	(1) TOTAL OSSE/ECE BUDGET	(2) YTD EXPENDITURES	(3) EXPENDITURES THIS PERIOD
1. SALARIES AND WAGES			
2. FRINGE BENEFITS			
3. CONSULTANTS/EXPERTS			
4. OCCUPANCY			
5. TRAVEL & TRANSPORTATION			
6. SUPPLIES & MINOR EQUIPMENT			
7. CAPITAL EQUIPMENT & OUTLAYS			
8. CLIENT COSTS			
9. COMMUNICATIONS			
10. OTHER DIRECT COST			
11. INDIRECT COST/OVERHEAD			
SUBTOTAL BEFORE FEE			
12. FEE			
13. TOTAL			

GRANTEE CERTIFICATION: I certify that the amounts claimed are true and are fully supported by the detailed accounting records of my organization, which are available for examination and/ or audit.

I certify that this invoice is in accordance with all contract terms and is approved for payment by:

Authorized Grantee Signature

Date

GRANT MONITOR

DATE

PRINT NAME

PROGRAM DIRECTOR

DATE

INSTRUCTIONS FOR COMPLETING INVOICE FORM

INTRODUCTION

The Office of Early Childhood Education (ECE) utilizes a standardized budget package for grant award notification. The invoice form will be used by all grantees whose grant award has been approved on the basis of the grant monitor approved budget plan and narrative.

INSTRUCTIONS

The following instructions describe the information required for each entry on the invoice.

- **Date received.** The ECE Analysis and Reporting Division should date-stamp the invoice on the date received, log and track the invoice.
- **Billing Period.** From _____ to _____, 20____ -. The Grantee should enter the billing period for which payment is requested (e.g., from Nov. 1 to Nov 15, 2009).
- **Grant Award No.** Enter the OSSE-assigned number used to identify the grant award notification.
- **DUNS No.** Use the number provided to the Grantee by Dunn & Bradstreet.
- **Service.** Enter the specific name of the service being provided.
- **Invoice No.** _____. The Grantee should enter the sequential number of the invoice submitted, beginning with “1” for the first period, “2” for the second period, and so on.
- **(1) Total OSSE Budget.** Enter the amounts on lines 1 through 13 from the Budget Summary Form of the approved budget. Enter only the OSSE portion of the budget.
- **(2) YTD Expenditures.** Enter the actual expenditures year to date (YTD) on lines 1 through 13. These amounts should equal all costs incurred. N.B.: In no case can any amount shown in Column 2 exceed the amount shown in Column 1 for any line item without prior written approval by the Grant Monitor and Program Director.
- **(3) Expenditures this Period.** Enter the actual expenditures on lines 1 through 13 for the reporting period.
- **Grantee Certification.** The invoice must be approved by an individual in the Grantee’s organization who is legally able to authorize signature for the organization.
- **Approved for Payment (OSSE/ECE ONLY).** The invoice must be approved by the designated Grant Monitor and the appropriate Program Director. The invoice will not be accepted without both signatures.