

GRANT-IN-AID BILLING FORM

Grant #:		Trai	il Administrator:			
Club/Org	ganization l	Name:				
Check he	ere is this is	CASH A	DVANCE request:			
and Gradin Plowing for	g reimbursement approved lots mu	must include L ist be accompa	d checks. All receipts & invoices must provide sufficient deta OG SHEETS and be received at the Bureau by the 10 th of the nied by invoices indicating dates of each plow. Construction ched to them. All projects and equipment paid for in part by O	ne month for n & Equipm	the previous ment reimburser	nonth's work. nent requests
Project #	Invoice date	Invoice #	Vendor Name: items or services provided	Rate	Quantity	Amount to Charge to GIA
			•			Charge to GIA
			Total Am	ount to Cha	rge to GIA:	
	Use this her	kolow to giv	re the GIA coordinator some notes about the projects or	r invoices li	stad abova	
	your project con	mplete with th	nis billing? Was part of project scope not able to be con	npleted befo	ore contract e	
No	te: this is not red	quired, but en	couraged to assist the Bureau with any information nee	ded about i	ndividual pro	jects.
T_{re}	ail Administrato	r's Signature		Date:		
117			strator's signature verifies that all contracted work is eligible		ate funds,	

No subcontractor has been suspended or debarred from receiving state funds. SIGNED UNDER PENALTY OF PERJURY.