

INVOICE

SPECIALTY CROP BLOCK GRANT PROGRAM

Bill to:
CA DEPARTMENT FOOD & AGRICULTURE
1220 N STREET
SACRAMENTO, CA 95814

Make Check Payable to:
Grantee Organization Name
Address
City, CA Zip Code

Grant Agreement Number: _____

Recipient's Name: _____

Billing Period: _____

Invoice Date: _____

Project Name: _____

Month/Year to Month/Year

Invoice Number: _____

Budget Line Items	Annual Budget	Year to Date Invoiced	Amount Requested	Remaining Balance
1 PERSONNEL				
a) Salaries & Wages	\$0.00	\$0.00	\$0.00	\$0.00
b) Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
2 OPERATING EXPENSES				
a) Travel	\$0.00	\$0.00	\$0.00	\$0.00
b) Major Equipment	\$0.00	\$0.00	\$0.00	\$0.00
c) Supplies/General Expenses	\$0.00	\$0.00	\$0.00	\$0.00
3 CONTRACTORS/CONSULTANTS	\$0.00	\$0.00	\$0.00	\$0.00
4 OTHER DIRECT COSTS	\$0.00	\$0.00	\$0.00	\$0.00
5 INDIRECT COSTS (Maximum 5%)	\$0.00	\$0.00	\$0.00	\$0.00
Totals:	<u><u>\$0.00</u></u>	<u><u>\$0.00</u></u>	<u><u>\$0.00</u></u>	<u><u>\$0.00</u></u>
		Less: Advance	<u>\$0.00</u>	
		Amount To Be Paid:	<u><u>\$0.00</u></u>	

I certify this claim contains actual expenditures for allowable Specialty Crop Block Grant costs performed in accordance with CDFA Grant Agreement provisions. (Blue Ink Only)

Preparer's Signature: _____	Preparer's Phone Number _____	Preparer's E-mail _____	Date _____
Project Director/Designee's Signature _____	Project Director/Designee's Phone Number _____	Project Director/Designee's E-mail _____	Date _____

FOR STATE USE ONLY

\$				
AMOUNT	STATE FISCAL YEAR (SFY)	OBJ CODE	PRG COST ACCT (PCA)	
X				
CDFA AUTHORIZED SIGNATURE	DATE			