

# 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: \_\_\_\_\_  
Month/Year to Month/Year

Invoice Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Budget Line Items	Annual Budget	Year to Date Invoiced	Amount Requested	Remaining Balance
<b>1 PERSONNEL</b>				
a) Salaries & Wages	\$0.00	\$0.00	\$0.00	\$0.00
b) Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
<b>2 OPERATING EXPENSES</b>				
a) Travel	\$0.00	\$0.00	\$0.00	\$0.00
b) Equipment	\$0.00	\$0.00	\$0.00	\$0.00
c) Supplies	\$0.00	\$0.00	\$0.00	\$0.00
<b>3 CONTRACTORS/CONSULTANTS</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>4 OTHER DIRECT COSTS</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>5 INDIRECT COSTS</b> (maximum 3%)	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals:</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>PROGRAM INCOME</b>	\$0.00		\$0.00	\$0.00

Less: Advance \$0.00  
 Less: Program Income \$0.00  
**Amount To Be Paid:** **\$0.00**

**NO EXPENDITURES**  
mark an "X"

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	Vendor ID		