

## INVOICE SPECIALTY CROP BLOCK GRANT PROGRAM ROUND II

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

Make Check Payable to:  
Organization Name  
Address  
City, State, Zip

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 |
|--|---------------|---------------------------|------------------|-------------------|
| <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) Major Equipment                                     | \$0.00        | \$0.00                    | \$0.00           | \$0.00            |
| c) Supplies/General Expenses                           | \$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><br><small>(Maximum 5%)</small> | \$0.00        | \$0.00                    | \$0.00           | \$0.00            |
| <b>Totals:</b>   | \$0.00        | \$0.00                    | \$0.00           | \$0.00            |
|  |               | Less: Advance             | \$0.00           |                   |
|  |               | <b>Amount To Be Paid:</b> | <b>\$0.00</b>    |                   |

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

|   |  |  |  |
|---|--|--|--|
| \$ <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| AMOUNT                                      | STATE FISCAL YEAR (SFY)                  | OBJ CODE                                 | PRG COST ACCT (PCA)                      |
| X <input style="width: 90%;" type="text"/>  | <input style="width: 80%;" type="text"/> |  |  |
| CDFA AUTHORIZED SIGNATURE                   | DATE                                     |  |  |