



Grantee Invoice Supporting Documentation Checklist

Grantee	Name:	CBO
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Program: Adult Reentry Gra	ant	1 Reportin	g Period: 9/1/20-9/30/20
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This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. **This Checklist is not an invoice**; you must submit your invoice separately.

	Grant Funds	Attached Docs		For BSCC Use On	
	Grant runus	Attached Docs	✓	Comments	Initial
1. Salaries & Benefits		Salaries and Benefits Worksheet			
2. Services & Supplies	\$170.00	Document #1 - \$45.43 Document #2 - \$4.19 Document #3 - \$120.43			
3. Professional Services					
4. NGO Subcontracts					
5. Equipment / Fixed Assets					
Data Collection and Progress Reporting					
7. Other (Travel, Training, etc.)		Document #1 - \$75.00 Document #2 - \$25.00			
8. Indirect Costs	\$516.00	5% of Total Project Costs			
Invoice Total	\$10,844				

have reviewed the attached invoice packet and supporting documentation and hereby certify it is true and
correct; that the supporting documentation is sufficient to substantiate expenditures; and that all expenditures
claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer:	Printed Name, Signature, Date

1. Salaries and Benefits



rantee Salaries and Benefits Worksheet						
Grantee Name:						
Program: Adult Reentry Grant	Project Title: WHO / RA	Invoice #:	Reporting Period:			
	substantiate these expenditures are mainta	•	correct and that all timesheets and supporting documents d will be available upon request. All salaries and benefits			
Authorized Financial Officer, Drint	ted Name Cianatura	Data		4		

Wages Total	\$0.00
BenefitsTotal	\$0.00
Total Compensation	\$0.00

Complete this worksheet for *Grantee* staff whose wages are listed as expenditures under Salaries & Benefits during this reporting period. The total grant funds shown above must match the amount on the invoice.

Note: For hourly employees that work varying hours each month, enter the total number hours *for the quarter* in Column C, the hourly pay rate in Column D, and then enter 1 in Column E. See examples in red below.

enter 1 in Column E.	В	С	D	E		G				
Staff Name	Staff Position	# of hours or % of FTE	Hourly Pay or Monthly Salary	Enter # of Months (1, 2, or 3)	ths Wages Benefit Rate			Total Compensation	For BSCC Use Only	
Bob Smith	Counselor	20.50	\$42.25	(1, 2, 01 3)	\$866.13	34%	Total \$294.48	\$1,160.61	Comments	Initials
Sherry Brown	Probation Officer	0.50	\$5,600	1	\$2,800.00	3476	\$0.00	\$2,800.00		
Onerry Brown	1 Tobation Officer	0.50	ψ5,000	1	\$0.00		\$0.00	\$0.00		
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				1	\$0.00	<u> </u>	\$0.00	\$0.00		

2. Services and Supplies

Little Caesars Los Angeles, CA Store ID 00001-05763 Phone 323-566-2590

Order_#291

Fri, Nov 22, 2019 05:06pm Your Cashier Today is Johanna M.

SALE

Item	Price
Thin Crust Pepperoni EMB	\$6.49
(4) Classic Pepperoni	\$20.00
(3) Classic Cheese	\$15.00
Item Count	8
Taxable Total	\$41.49

Sales Tax	\$3.94
Total	\$45.43
Cash	\$50.00
Change	-\$4.57



Everyday!

1651 E. 103rd Street (323) 564-3753 Your cashier was Keneta H KRO SPRING MATER CA REDEM VAL TAX

4.19 **** BALANIE CASH

2.99 F 1.20 F

TOTAL NUMBER OF 1TEMS SOLD = 11/22/19 05:16pm 322 9 642 362 ******

Tell Us How We Are Doing!
You could WIN
Dinos Como Lo Estamos Haciendo!
Participa Para Ganar

ONE of 100 - \$100 gift cards or the \$5,000 gift card grand prize! UNA DE 100 tarietes de regalo de \$100, o el gran premio de una tarieta de regalo de \$5,000!

Go to www.krogerfeedback.com
Enter the information below:
Of the www.krogerfeedback.com
Ingres in Suiente informacion:
Date: 11/2/10

Time: 05.160m Entry 10: 704-695-642-322-9-651

No purchase necessary to enter sweepstakes. See website for official sweepstakes rules.

No es necesario comprar para participar en el sorteo. Ver la pagina web para conocer las regalas oficiales.

Check us out at: www.food4Less.COM

The room of the ir id. Staples.

Ouestions about your order? Visit our Help Center at www.staples.com/help-center CUSTOMER NO. SHIP DATE ORDER NO.

4690300332 12/05/19 RELEASE NO.

COST CENTER End Cust Po#

SHIPPING LOCATION: Ontario, CA FC

CARRIER ROUTE:ODS/COU /70

TOTAL PACKAGES:

1

PAGE:

1

SPECIAL INSTRUCTIONS

Staples

28.00 000100000000

	ITEM / MODEL	of	QTY ORDERED	SHIPPED CLA	Price	Amount
1149611 2145184 Safety Data Sheet (SDS)	Staples Multiuse 85 x 11 Multi/26860-CC HP 902XL Black HighYield 902 /T0A39AN#140 may be found by visiting http://sds.	CT PK star Merc Deli Coup Tax.	l 1 1 les.com/ handise very on Cred	anipped 1 1 /msds/2145184.pdi Total it at include the	55.99 81.99	55.99 81.99 137.98 .00 28.00CR 10.45

Staples.

NOTICE NEW PACKAGING & NEW PRODUCT OFFIONS TO BETTER SERVE

TOTAL VALUE OF ORDER:

120.43

5. Indirect Costs5% of Total Project Costs

8. Other (Travel, Training, etc.)

Other Document #1 Gas - transporting participants

SM OIL, 00382324 1340 E. Imperial Hwy Los Angeles, Ca 90059 12/06/2019 02:36:58 PM

PREPAID RECEIPT

PUMP# 6 UNLEAD REG CA20.276G PRICE/GAL \$3.699

FUEL TOTAL \$ 75.00

FINAL PURCHASE
AMOUNT RECEIPT WITH
FULL TRANSACTION
DETAIL AVAILABLE
INSIDE

Other Document #2 Gas - Transporting Participants

SM OIL, 00382324 1340 E. Imperial Hwy Los Angeles, Ca 11/11/2019 771480396 03:39:44 PM

XXXXXXXXXXXX0007 VISA INVOICE E/2490770 AUTH 081483

PUMP# 1 UNLEAD REG CR 6.099G PRICE/GAL \$4.099

FUEL TOTAL \$ 25.00

CREDIT

\$ 25.00

Swiped

Get rewarded on every fill-up at Chevron with a Techron Advantage card. See app for details.