

Grantee Invoice Supporting Documentation Checklist

Grantee Name:

Program: Adult Reentry Grant

Invoice #:

Reporting Period:

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 Only		
			✓	Comments	Initial
1. Salaries & Benefits					
2. Services & Supplies					
3. Professional Services					
4. NGO Subcontracts					
5. Equipment / Fixed Assets					
6. Data Collection and Progress Reporting					
7. Financial Audit					
8. Local Evaluation Plan (LEP)/ Local Evaluation Report (LER)					
9. Other (Travel, Training, etc.)					
10. Indirect Costs					
Invoice Total	\$				

I 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