**Grantee Invoice Supporting Documentation Checklist**

**Grantee Name:**      

**Program:** **CalVIP** **Invoice #:**      **Reporting Period:**

Complete the table as it relates to the invoice listed above. This completed checklist will be the cover page of your supporting documentation packet.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Amount** | **Attached Docs** | **For BSCC Use Only** | | |
| **✓** | **Comments** | **Initial** |
| 1. Salaries & Benefits | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Services & Supplies | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Health & Wellness | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Professional Services and Public Agency Contracts | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. NGO Subcontracts | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Equipment / Fixed Assets | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Project Evaluation | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Financial Audit | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Other (Travel, Training, etc.) | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| 1. Indirect Costs | Grant Funds |  |  |  |  |  |
| Match |  |  |  |  |  |
| **Total** | Grant Funds | **$** |
| Match | **$** |
| **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