

Program: Mobile Probation Service Centers Grant

Please Note: The California State Controller's Office will send all checks directly to the address listed in the "BSCC Vendor Data" section at the bottom of this invoice.

Grantee: Grantee Name **Lead Public Agency:** Lead Agency Name

Contract #: xxx-xx **Term:** 5/1/2023 TO 9/30/2027

Invoicing Frequency: Quarterly

Invoice #: 1 MPSC 22 **Reporting Period:** 5/1/2023 TO 6/30/2023 **Due:** 8/15/23 **Final Invoice (Y/N):** No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Grant funds expended to date: \$ - Grant funds claimed this period: \$0 Percentage Grant \$\$ expended to date: #DIV/0!

		Expenditure Descriptions - Units / \$ Amounts	Comments
Services & Supplies	\$ -		
Professional Services	\$ -		
Equipment / Fixed Assets	\$ -		
Other	\$ -		

PERSON PREPARING REPORT

Name, Title

Phone

Email

Date

AUTHORIZED FINANCIAL OFFICER

By checking the box below, I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that it must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.

Name, Title

Phone

Date

Please initial here to certify the submission of this invoice.

BSCC Supplier Data - Internal Use Only

Supplier ID

Supplier Name

Address Line 1

Address Line 2

BSCC USE ONLY

Date Received: _____

Approved By: _____