

APPENDIX B

**AGENCY INVOICE REPORTING STATEMENT
45TH YEAR OF COMMUNITY DEVELOPMENT BLOCK PROGRAM
FEDERAL FISCAL YEAR 2019 ~ 2020**

AGENCY NAME: _____ CONTRACT DATE: 7/1/19 - 6/30/20

AGENCY PROGRAM: _____

AGENCY ADDRESS: _____

BILLING PERIOD: _____

NOTE: TOTAL REIMBURSEMENT MUST BE BASED ON THE PERFORMANCE-BASED REPORTING FORMULA(S) DESCRIBED IN APPENDIX A:

	OUTPUT GOAL (A)	TOTAL FOR BILLING PERIOD (B)	TOTAL TO DATE (C)	BALANCE (A) - (C) = (D)
ACCOMPLISHMENTS (UNDUPLICATED PARTICIPANTS SERVED)				
EXPENDITURES	\$	\$	\$	\$

(ALL THE ABOVE EXPENSES ARE IN ACCORDANCE WITH THE SCOPE OF SERVICES AND TERMS OF THE CONTRACT.)

CERTIFIED BY: _____ TITLE: _____ DATE: _____

****NO REQUEST FOR REIMBURSEMENT WILL BE PROCESSED WITHOUT THIS FORM AND SUPPORTING DOCUMENTATION FOR THE EXPENDITURES****

OFFICE USE ONLY

REVIEWED BY FINANCIAL COMPLIANCE ASSISTANT: _____ DATE: _____

APPROVED BY DIVISION DIRECTOR: _____ DATE: _____

APPROVED BY DEPARTMENT DIRECTOR: _____ DATE: _____

ACCOUNT NUMBER: _____ PROJECT ID: _____