Invoice and Disbursements

Invoice and Disbursement Request Form

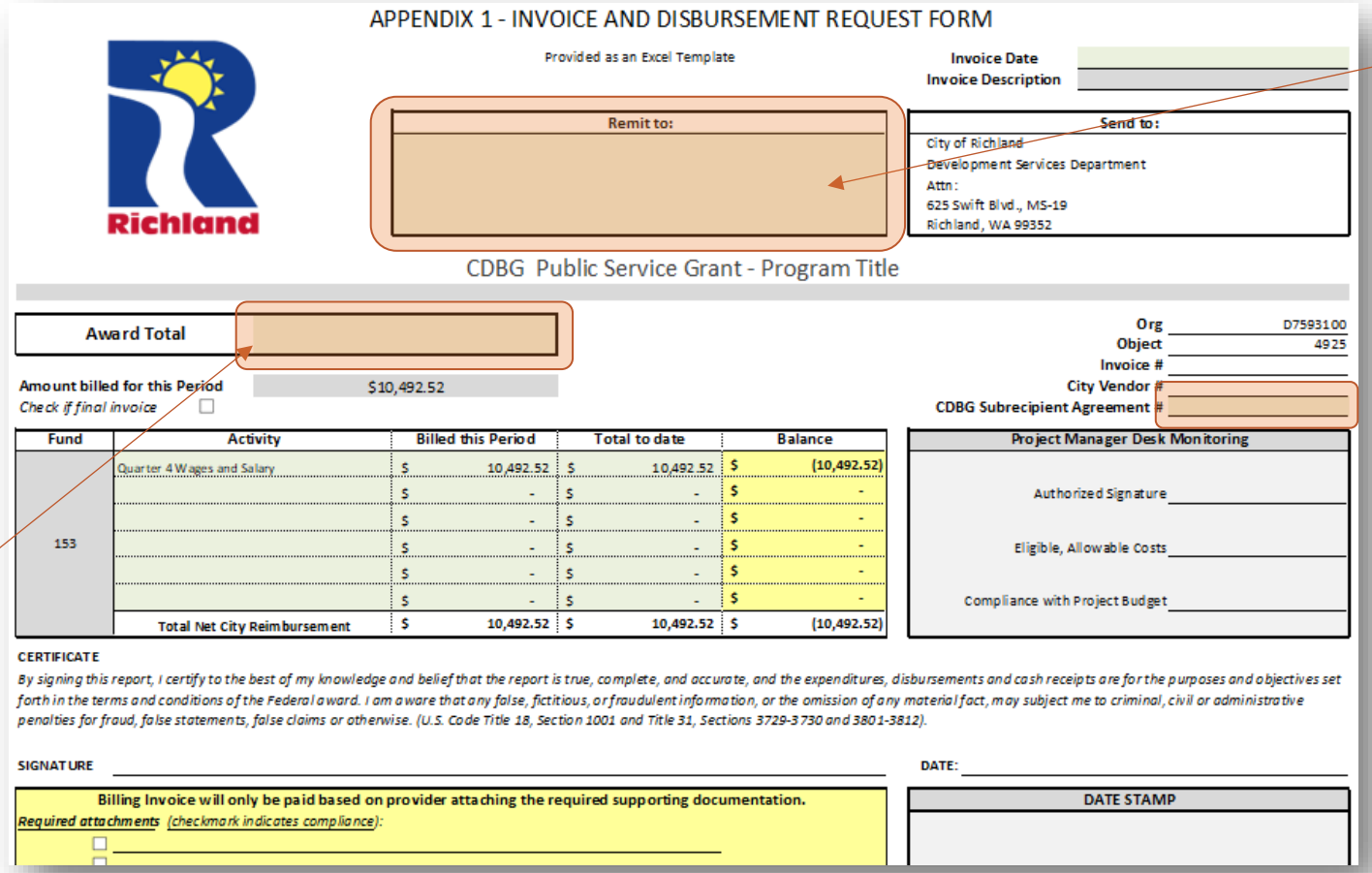
HOW TO FILL OUT A CDBG INVOICE AND DISBURSEMENT FORM

The Invoice and Disbursement Request can be submitted anytime after contracts are signed.

You do not need to wait until your quarterly reports are due.

The Invoice will be Provided as an Excel Document Once Contract is Executed

These section is prefilled.



APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template

Invoice Date
Invoice Description

Remit to:

Send to:
City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total

Amount billed for this Period $10,492.52
Check if final invoice

Org D7593100
Object 4925
Invoice #
City Vendor #
CDBG Subrecipient Agreement #

Fund	Activity	Billed this Period	Total to date	Balance
153	Quarter 4 Wages and Salary	$ 10,492.52	$ 10,492.52	$ (10,492.52)
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	Total Net City Reimbursement	$ 10,492.52	$ 10,492.52	$ (10,492.52)

Project Manager Desk Monitoring

Authorized Signature
Eligible, Allowable Costs
Compliance with Project Budget

CERTIFICATE

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE

DATE:

Billing Invoice will only be paid based on provider attaching the required supporting documentation.
Required attachments (checkmark indicates compliance):

DATE STAMP

Remit to:

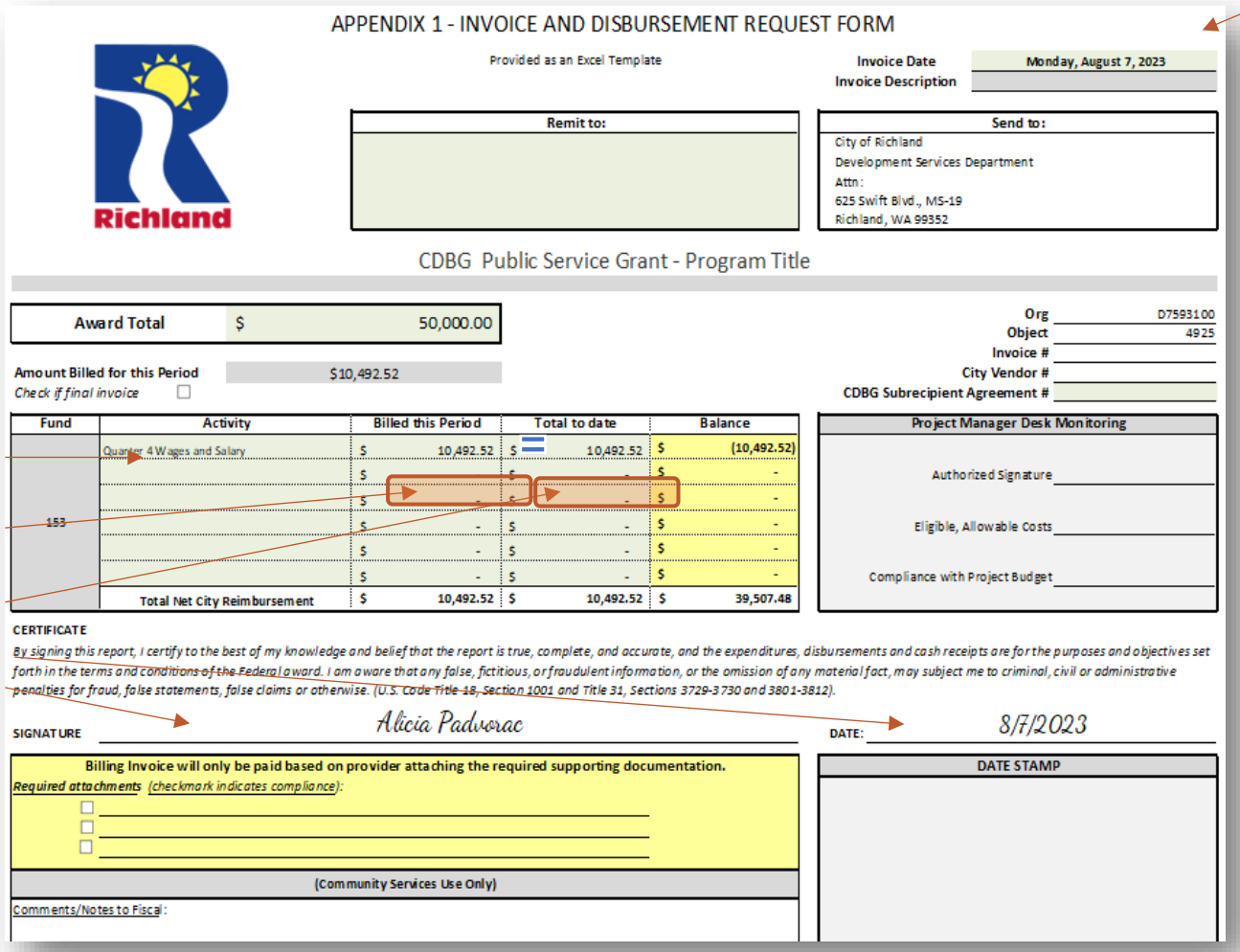
CDBG Subrecipient Agreement

Amount awarded

How To Fill out and **Initial** Invoice

1. Invoice Date
2. The activity that occurred
3. Amount you are requesting for this invoice
4. The first invoice, **Total to date** should match **Billed this Period**.
5. Sign and Date

•**Amount Billed for this Period** and **Total Net City Reimbursement** should match.



APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template

Invoice Date: Monday, August 7, 2023
Invoice Description:

Remit to:

Send to:
City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total: $ 50,000.00

Amount Billed for this Period: $10,492.52
Check if final invoice ☐

Org: D7593100
Object: 4925
Invoice #:
City Vendor #:
CDBG Subrecipient Agreement #:

Fund	Activity	Billed this Period	Total to date	Balance
	Quarter 4 Wages and Salary	$ 10,492.52	$ 10,492.52	$ (10,492.52)
		$ -	$ -	$ -
		$ -	$ -	$ -
153		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	Total Net City Reimbursement	$ 10,492.52	$ 10,492.52	$ 39,507.48

Project Manager Desk Monitoring
Authorized Signature
Eligible, Allowable Costs
Compliance with Project Budget

CERTIFICATE
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE: Alicia Padvorac
DATE: 8/7/2023

Billing Invoice will only be paid based on provider attaching the required supporting documentation.
Required attachments (checkmark indicates compliance):
☐
☐
☐

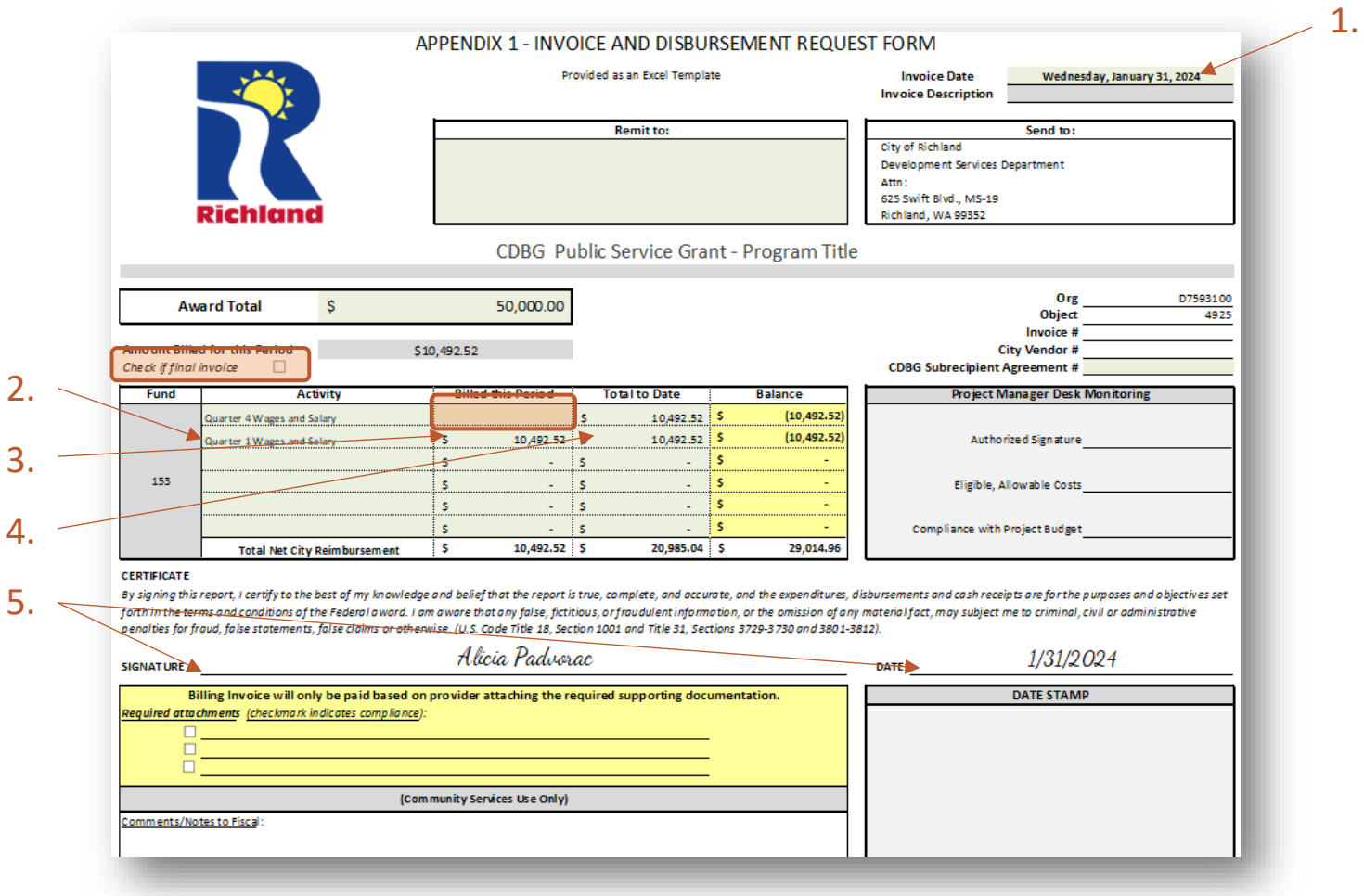
DATE STAMP

(Community Services Use Only)
Comments/Notes to Fiscal:

1.
2.
3.
4.
5.

How To Fill out Subsequent/Final Invoice

- Start with last invoice submitted.
- Delete **Billed this Period** values (*do not delete* ***Activity*** *or* ***Total to Date*** *values*).
  1. Update the **Invoice Date**
  2. Add new **Activity/Activities**
  3. Add your **Billed this Period** amounts
  4. Add **Total to Date** amount(s) with the new **Billed this Period** amounts
  5. Sign and Date
- **Amount Billed for this Period** and **Total Net City Reimbursement** should match.
- *Make sure* ***Check if Final Invoice*** *box is checked if this is your final invoice. By checking this box your project will be closed out.*



Requirement For Reimbursement

CDBG Invoice and Disbursement Request Form

Back-up documents such as expense reports, payroll summaries, time sheets, receipts etc.