**INVOICE COVER SHEET**

**\_\_\_\_\_\_( County Name)\_\_\_\_\_\_ Phase I Watershed Stormwater Management Plan Grant**

Invoice Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This section to be completed by Grantee**

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| Payable to (Grantee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Point of Contact email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Partner Bank Type (e.g. BN 01, BN 02, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reimbursement Time Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Expenditures** Only includes expenses actually paid during the reimbursement time period listed above. |
|  | 100% Total Period Expenses | 25% County Match | 75% Department Share |
| Staff & Admin. Costs | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Direct Costs | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Costs | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total reimbursement requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Reimbursement requests will not be processed for payment without a completed progress report and attached invoice documentation as described in Attachment D of the grant agreement. |
| By signing and submitting this report, I certify to the best of my knowledge that the report is true, complete, and accurate and that the information contained herein is for the purposes and objectives set forth in the terms of this award. I am aware that any false 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: 18 Pa.C.S §4904. |
| **GRANTEE SIGNATURE:****I declare the above to be a true and accurate statement.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Title Date |

 **(This section to be completed by DEP Staff)**

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| Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Recommended Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |