

**Grantee Name**

Street Address  
Street Address2  
City, ST ZIP Code

**SAMPLE**

**INVOICE**

**Submit invoice and supporting documentation to:**  
California Department of Forestry & Fire Protection (CAL FIRE)  
ATTN: NAME, PROGRAM  
Street Address2  
City, ST ZIP Code

**DATE:** Month DD, YYYY  
**INVOICE #:** 100

Grant Number: XGXXXXXX  
Grant Period: MM/DD/YYYY to MM/DD/YYYY  
Project Name:

Invoice Period: MM/DD/YYYY to MM/DD/YYYY  
Payment Type:  Advance Request  Interim Payment  Final Payment

BUDGET ITEM	BUDGETED AMOUNT	CURRENT COST	EXPENDED TO DATE	MATCH TO DATE
Salaries and Wages				-
Employee Benefits				-
Contractual				-
Travel				-
Supplies				-
Equipment				-
Other				-
Indirect Cost 10%				-
<b>TOTAL</b>	-	\$ -	\$ -	\$ -
<b>Less Outstanding Advance</b>		\$ -		
<b>Less Program Income</b>		\$ -		
<b>CURRENT DUE</b>		\$ -		

Check all those that apply:

- Supporting documentation attached (required for Interim & Final Payment)
- Project Progress Report (Interim) or Project Completion Report (Final)

Direct questions to: Name  
XXX-XXX-XXXX Ext. XXXX  
Email address

**CERTIFICATION:** I certify that I have the full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury, under the laws of the State of California, that this request and accompanying documents for the above referenced grant is true and correct to the best of my knowledge, and represents actual allowable disbursements made for the work performed in accordance with the conditions of the grant.

Signature of Authorized Official                      Date                      Printed Name                      Title

CAL FIRE USE ONLY						
Payment approval signature (Unit/Field Staff)			Title		Date	
Payment approval signature (Program Manager)			Title		Date	
Payment approval signature (Grants Management Unit)			Title		Date	
CAL FIRE Coding:	FY	Index	Object	PCA	Amount	Vendor #