**State Leadership Project Invoice Form**

**Return with each invoice.**

|  |  |
| --- | --- |
| Invoice #: | Dates of Service for Invoice: |
| Project Title: | Project #: |
| Name: | Award Amount: |
| E-mail: | Phone: |
| Address: | Zip: |
| City: | County: |

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| --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** |
| **Performance Measures / Criteria** | **Evidence/**  **Deliverables** | **Evidence/**  **Deliverable**  **Amount**  **Authorized** | **Evidence/**  **Deliverable**  **Amount Previously Earned** | **Amount**  **Difference** | **$ Amount**  **Requested** |
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| **Totals** | | **$** | **$** | **$** | **$** |

Amounts will be paid on the lesser of expenditures or deliverables as reported on the DOE 399 (Perkins) or 499 (Adult Ed) form and Column F on the chart above. Applicant must request any carryover on a future invoice.

Attach to each invoice submitted:

* Updated DOE 399 or 499 form
* Proof of documented allowable expenses for the performance measure(s) achieved that support the listed deliverable(s) and mail to: [Patricia.Rushing@fldoe.org](mailto:Patricia.Rushing@fldoe.org).

|  |  |  |
| --- | --- | --- |
| Print Name of Agency’s Invoice Preparer: | Signature of Agency’s Invoice Preparer: | Date: |

|  |  |  |
| --- | --- | --- |
| **FDOE USE ONLY** | FDOE Program Manager: | Date: |