**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:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.

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

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