DCED-FMC-LGS-018 (08/2019)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
FINANCIAL MANAGEMENT CENTER

STRATEGIC MANAGEMENT PLANNING PROGRAM INVOICE

SECTION I: GENERAL INFORMATION

1. GRANTEE (NAME & ADDRESS):	**2. DCED CONTRACT NUMBER:**	
	3. VENDOR NUMBER:	**4. CONTRACT AMOUNT:**
	5. INVOICE # - 1ST, 2ND, 3RD, FINAL, ETC.	
6. INVOICE REPORTING PERIOD *(MONTH, DAY, YEAR)*: FROM: _____ TO: _____	**7. CONTRACT ACTIVITY PERIOD** *(MONTH, DAY, YEAR)*: FROM: _____ TO: _____	

SECTION II: FISCAL INFORMATION

1. APPROVED BUDGET CATEGORY	2. APPROVED BUDGET AMOUNT	3. EXPENDITURES PREVIOUSLY INVOICED	4. EXPENDITURES THIS INVOICING PERIOD	5. CUMULATIVE EXPENDITURES *(COLUMN 3 + 4)*	6. REMAINING BALANCE *(COLUMN 2 - 5)*
TOTALS:					
		7. Payment Amount Requested:			

SECTION III: DEPOSITORY

1. LAST FOUR DIGITS OF BANK ACCOUNT NUMBER:

SECTION IV: CERTIFICATION

By signing this form, I certify that it is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent information may be subject to criminal, civil or administrative penalties. The initial review performed by DCED on this invoice does not constitute acceptance of its associated expenditures. DCED's Compliance Monitoring Division will conduct a comprehensive review to ensure eligibility of all related expenditures.

1. SIGNATURE OF AUTHORIZED OFFICIAL:		**2. NAME & TITLE** (TYPED OR PRINTED)**:**	
3. CONTACT PERSON:	**4. PHONE NUMBER:**	**5. EMAIL ADDRESS:**	**6. DATE SUBMITTED:**

DCED USE ONLY

ACCOUNT CODE LINE	FUND	COST CENTER	COMMITMENT NUMBER	AMOUNT

FOR DCED USE ONLY / DCED APPROVAL:	**SIGNATURE/INITIALS & DATE:**

SUBMIT AN ORIGINAL & ONE (1) COPY OF THIS INVOICE TO THE DCED ACCOUNT MANAGER

STRATEGIC MANAGEMENT PLANNING
PROGRAM INVOICE INSTRUCTIONS

SECTION I: GENERAL INFORMATION

1. **Grantee Name & Address:** Use the Name & Address as it appears on the grant contract.
2. **DCED Contract Number:** Located in the upper right corner of the contract or at the bottom right of the contract signature page.
3. **Vendor Number:** Six-digit number (or nine w/ extension ex. 111111-012) located on the signature page of the contract.
4. **Contract Amount:** Located under Article I of the contract or first page of the most current amendment.
5. **Invoice Number:** Indicate what invoice is being requested first, second, FINAL, etc., invoice requests must be in consecutive order.
6. **Invoice Reporting Period:** These dates should reflect the period the expenditures are incurred or anticipated.
7. **Contract Activity Period:** Located under Article III of the grant contract or on the first page of the most current amendment (if additional time was requested) under Contract Activity Period.

SECTION II: FISCAL INFORMATION

1. **Approved Budget Category:** List the approved budget categories as they appear in the appendices of your contract, current amendment or approved budget modification. Any changes to these budget categories must be approved by the program office prior to invoicing.
2. **Approved Budget Amount:** List the approved budget amounts as they appear in the appendices of your contract, current amendment or approved budget modification. Your invoiced budget amounts must match the most recently approved budget. Any changes to these amounts must be approved by the program office prior to invoicing.
3. **Expenditures Previously Invoiced:** List the expenditure amounts previously invoiced (DO NOT INCLUDE THE EXPENDITURES FOR THIS INVOICING PERIOD). If this is a first request then there will be no previously invoiced expenditures. On all subsequent invoices this column should total the previous invoice's cumulative expenditures.
4. **Expenditures this Invoicing Period:** Expenditures that have been actually incurred or anticipated during the current invoicing period.
5. **Cumulative Expenditures:** Total Columns 3 & 4.
6. **Remaining Balance:** Subtract Column 5 from Column 2.
7. **Payment Amount Request:** This amount must match the Expenditures This Invoicing Period amount.

SECTION III: DEPOSITORY

1. List the last four digits of the bank account number the ACH Deposit of the grant funds will be made.

SECTION IV: CERTIFICATION

1. **Signature of Authorized Official:** Must be signed by an authorized official of the agency; invoice must be signed to process.
2. **Name & Title:** Type or print the name and title of authorized official.
3. **Contact Person:** List the name of the individual that can be contacted regarding any questions concerning the invoice.
4. **Phone Number:** Phone number (including area code) for the contact person.
5. **Email Address:** Valid email address for the contact person, where they can be contact regarding any questions concerning the invoice.
6. **Date Submitted:** Date the invoice is completed.

SECTION V: DCED APPROVAL

This section is reserved for DCED. Do not complete any information in this section.

DCED USE ONLY

This section is reserved for DCED. Do not complete any information in this section.

Please note that, while DCED does not request Local Match information as part of the invoicing process, grantees are expected to track, document and account for their match per the grant contract. Match documentation will be required at the time of grant closeout.

A progress report must be submitted with each invoice, except for a first invoice if submitted in advance of work being performed. Progress reports should minimally include percent of the project completed to date and a summary of activities undertaken or accomplished since the last progress report, said activities keyed to tasks listed in Appendix A/B scope of services.

Once the invoice has been filled in completely and signed, please mail an original and one copy of the invoice and progress report to the assigned account manager.