**Appendix E--Invoice**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: **Grant Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Arts Commission Resolution No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grant No.** ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grantee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payee Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Pursuant to Section 5.3 of the Grant Agreement (the "Grant Agreement") between the undersigned ("Grantee") and the City and County of San Francisco, Grantee hereby requests a disbursement of Grant Funds as follows:

|  |  |
| --- | --- |
| Disbursement No. (1st, 2nd, 3rd etc. ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Maximum Amount of Grant Funds Specified in Section 5.1 of the Grant Agreement: | $­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total of All Grant Funds Disbursed Prior to this Request: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Amount of this Disbursement: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Balance of Grant Funds Available After this Request | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Grantee certifies that:   1. The total amount of Grant Funds requested will be/have been used to pay Eligible Expenses, as described in Appendix A. 2. Reimbursable funds were expended within the eligible grant window. If project activities continued beyond the grant window, an extension request has been filed with Community Investments staff. 3. Final documentation of expenses includes true and correct copies of all required documentation of these Eligible Expenses. 4. Grantee has not defaulted on the grant; and 5. The undersigned is an Officer of Grantee authorized to execute this Funding Request on behalf of Grantee. |

Signed: Title:

Print name: Phone:

Do not write below this line, for staff use only:

Invoice number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_ Final Report: \_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_