

**Grantee Invoice Supporting Documentation Checklist**

**Grantee Name:**      

**Program:** **Adult Reentry Grant** **Invoice #:**      **Reporting Period:**

This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. **This Checklist is not an invoice**; you must submit your invoice separately.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Attached Docs** | **For BSCC Use Only** | | |
| **✓** | **Comments** | **Initial** |
| 1. Administrative: Salaries and benefits | |  |  |  |  |  |  |  |
| 1. Subcontracts | |  |  |  |  |  |  |  |
| 1. Architectural Planning | |  |  |  |  |  |  |  |
| 1. Additional Eligible Costs | |  |  |  |  |  |  |  |
| 1. Other (Travel, Training, etc.) | |  |  |  |  |  |  |  |
| **Invoice Total** | | **$** | **$** | **$** |

I have reviewed the attached invoice packet and supporting documentation and hereby certify it is true and correct; that the supporting documentation is sufficient to substantiate expenditures; and that all expenditures claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer: Printed Name, Signature, Date