

## Certified Local Government Grant Program – General Invoice

<b>Grantor</b>		<b>Grantee</b>	
PHMC Location Code: 30FSCLOFF P.O. Box 69183 Harrisburg, PA 17106			
		<b>Vendor Number</b>	
<b>Fund Commitment Number</b>		<b>Funding Release Number</b>	
<b>Performance Period</b>		<b>Funding Release Amount</b>	
<b>Project Name</b>		<b>Minimum Match Obligation</b>	

This invoice must be emailed to two parties – The Office of Comptroller Operations and the PA SHPO

Email completed invoice **ONLY** to Office of Comptroller Operations: [69183@pa.gov](mailto:69183@pa.gov)

Email completed invoice **AND** supporting documentation to: [RA-PHCLG@pa.gov](mailto:RA-PHCLG@pa.gov)

<b>Invoice Number</b>		<b>Date</b>	
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DATE OF TRANSACTION	BUDGET CATEGORY	DESCRIPTION	AMOUNT
	Administration	10% of grant award (to be included on final invoice only)	
		<b>SUBTOTAL</b>	
		<b>Match Obligation</b>	
		<b>AMOUNT TO BE REIMBURSED PER THIS INVOICE</b>	

I certify that the above expenses were reasonable and necessary in carrying out the provisions of the award and allowable under the terms and conditions of the grant award. I understand that PHMC has the right to audit and monitor expenditures and performance under the grant agreement. Any expense that is later deemed unallowable may have to be repaid by the grantee.

<b>Name of Invoice Submitter</b>			
<b>Signature</b>			
<b>Phone</b>		<b>Email</b>	

<b>Approved for payment by PA SHPO:</b>		<b>Date:</b>	
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