Invoice Number This must be a unique number for each invoice

Invoice - Cost Reimbursement Forms

What is the Grant? Adult? DW? Youth? Etc.

Estimated: $ Amount of request

Contracting Agency Name and Address:

Name and address of your company.
Enter billing address here if different then
Company address

Contract #:
Project Title:
Contact Person:
Location of Services :
Reporting Period: To

		Administration				Program			
WDC Codes	**Account Title**	**Current Expenditures**	**Contract To Date Expenditures**	**Contract Budget**	**Budget Balance**	**Expenditures Current**	**Expenditures To Date**	**Contract Budget**	**Budget Balance**
	Salaries/Benefits								
6110	Salaries/Wages								-
6110	Benefits								-
	Operating								
6170	Equipment/Use Depreciation								
6120	Communications								
6120	Supplies								
6120	Travel								
6120	Leases/Rentals								-
6120	Facilities Maintenance								
6120	Utilities								
	Participant Costs								
6230	Testing Materials								
6230	Tuition Payments								-
6230	Supportive Services								-
6230	Support Srvc Childcare								
6230	Support Srvc Transport								
6250	Indirect Costs								
6240	Professional Srvc								
	Total			-		-	-	-	-

Contractor Certification. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise, or services furnished to Snohomish County Workforce Development Council, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, national origin, handicap, sex, or

Grant
Program
Subcontractor
Location
Year

Approved By: Date: