

INVOICE FORM FOR ALL GRANTEES

Department of Cultural Affairs, City of Los Angeles
 GRANTS ADMINISTRATION DIVISION
 201 N. Figueroa Street, Suite 1400
 Los Angeles, CA 90012
 Phone: (213) 202-5566 Fax:(213) 202-5515

Grantee Name	____11-12____	\$	
	Fiscal Year of Grant		Total Grant Amount
Address	City	State	Zip Code
Contact Person	Title	Contact Phone	
Contact Email	Federal Tax ID Number (for organizations only)	City Business Tax Registration Certificate Number or Vendor Registration Number	

Instructions:

- 1) Copy the exact description of "Services to be Provided" from Appendix B of your grant contract in the space below and fill out payment amount, and certification signature.
- 2) Attach a numbered list(s) of dates, street addresses and Council District(s) of all completed services.
- 3) For first payment, attach a list of expenses committed for project activity (do not send receipts or cancelled checks). For final payment attach a final narrative report, a final financial report and printed materials showing DCA logo.

Please pay the amount of: \$ _____

I certify under penalty of perjury that the service/s for which payment is hereby requested has/have been performed by me or the above organization I represent, in full compliance with the requirements of the provisions of the cultural grant contract with the Department of Cultural Affairs.

Date	Signature	Title
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<p>For DCA USE ONLY:</p> <p><i>Section to be completed by an authorized employee of the Center/Facility/Division overseeing AFE or contract:</i></p> <p>SERVICES/DOCUMENTS REQUIRED BY AFE OR CONTRACT (NO. _____) WERE RECEIVED BY ME ON _____ AND I HEREBY APPROVE THIS</p> <p>INVOICE FOR PAYMENT: _____</p>	<p style="text-align: center;">For Accounting Use Only</p> <p>() Receipt Verification I certify that the materials, supplies or services covered by this bill were received and/or verified by me on _____ in compliance with the contract terms.</p> <p>() Declaration of Compliance on Living Wage Ordinance is on file, if applicable.</p> <p>() Insurance Verification I certify that evidence of approved insurance is on file in the Attorney's Office, if applicable.</p> <p>() Declaration of Compliance on Equal Benefits Ordinance is on file.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Signature	Date	Signature	Date
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