INVOICE FORM FOR ALL GRANTEES

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

_____ _____ $____ _____
Grantee Name Fiscal Year of Grant 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 description of "Services to be Provided" from Attachment A 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

For DCA USE ONLY:

Section to be completed by an authorized employee of the Center/Facility/Division overseeing AFE or contract:

SERVICES/DOCUMENTS REQUIRED BY AFE OR CONTRACT (NO. _____) WERE RECEIVED BY ME ON _____ AND I HEREBY APPROVE THIS INVOICE FOR PAYMENT: _____

For Accounting Use Only

( ) 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.

( ) Declaration of Compliance on Living Wage Ordinance is on file, if applicable.

( ) Insurance Verification
I certify that evidence of approved insurance is on file in the Attorney's Office, if applicable.

( ) Declaration of Compliance on Equal Benefits Ordinance is on file.

_____ _____
Signature Date

_____ _____
Signature Date

Revised (10/09)