

# INVOICE FORM FOR LARGE BUDGET ORGANIZATIONS

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

Please *type* all information.

_____	_____	_____
Grantee Name	Fiscal Year Grant	Grant Amount
_____	_____	CA _____
Address	City	State Zip Code
_____	_____	_____
Contact	Title	Contact Phone
_____	_____	_____
Contact Email	Federal Tax ID Number	& Business Tax Registration Number or Vendor Registration Number

1<sup>st</sup> Quarter     2<sup>nd</sup> Quarter     3<sup>rd</sup> Quarter     Final Invoice    Funding Year     1     2

Refer to "Services to be Provided by Contractor" on Attachment A of your grant contract.

- 1) Copy the description exactly in the space below
- 2) Indicate the date(s), time(s), and location(s) of service(s) provided on additional sheets
- 3) Provide a summary of incurred expenses for the grant project on additional sheets

Amount Requested: \$\_\_\_\_\_

I certify under penalty of perjury that the service(s) for which payment is hereby requested has/have been performed in full compliance with all provisions and stipulations of the cultural grant contract entered into with the City of Los Angeles on \_\_\_\_\_, \_\_\_\_\_ executed this day of \_\_\_\_\_, \_\_\_\_\_  
Date of City Clerk's Signature    Year    Date of Invoice    Year

\_\_\_\_\_  
Signature of Organization Representative

FOR DCA USE ONLY:    Approved for Payment:    Date: