

## APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM



Provided as an Excel Template

**Invoice Date** \_\_\_\_\_

<b>Remit to:</b>

<b>Send to:</b>
City of Richland Development Services Department Attn: Toni Lehman 625 Swift Blvd., MS-19 Richland, WA 99352

<b>Award Total</b>	
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**Amount Billed for this Period** \_\_\_\_\_ **\$0.00**

Check if final invoice

**Org** \_\_\_\_\_ D758711  
**Object** \_\_\_\_\_ 4925  
**Invoice #** \_\_\_\_\_  
**City Vendor #** \_\_\_\_\_  
**CDBG Subrecipient Agreement #** \_\_\_\_\_

Fund	Activity	Billed this Period	Total to Date	Balance
153		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
	<b>Total Net City Reimbursement</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#VALUE!</b>

<b>Project Manager Desk Monitoring</b>
Authorized Signature _____  Eligible, Allowable Costs _____  Compliance with Project Budget _____

**CERTIFICATE**

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).*

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<p style="text-align: center;"><b>Billing Invoice will only be paid based on provider attaching the required supporting documentation.</b></p> <p><b>Required attachments</b> (checkmark indicates compliance):</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p><b>(Community Services Use Only)</b></p>
<p>Comments/Notes to Fiscal:</p>          <p style="text-align: right;">Sufficient Funds Budgeted (fiscal): _____</p>

<p><b>DATE STAMP</b></p>
<p><b>City Use only</b></p>

## APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM



Provided as an Excel Template

Invoice Date Monday, August 7, 2023

Remit to:
Best Non-Profit in the Tri-Cities Attn: Toni Lehman 123 Best Lane Richland, WA 99352

Send to:
City of Richland Development Services Department Attn: Toni Lehman 625 Swift Blvd., MS-19 Richland, WA 99352

CDBG

<b>Award Total</b>	\$	50,000.00
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<b>Amount Billed for this Period</b>	\$	\$39,490.28
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Check if final invoice

<b>Org</b>	D7587100
<b>Object</b>	4925
<b>Invoice #</b>	_____
<b>City Vendor #</b>	_____
<b>CDBG Subrecipient Agreement #</b>	2023-56

Fund	Activity	Billed this Period	Total to Date	Balance
153	Quarter 2 Wages and Salary		\$ 10,492.52	\$ (10,492.52)
	Scholarships	\$ 10,492.52	\$ 10,492.52	\$ (10,492.52)
	Lunches Provided	\$ 1,750.00	\$ 1,750.00	\$ (1,750.00)
	Jane Doe Electrical	\$ 8,312.22	\$ 8,312.22	\$ (8,312.22)
	ABC Plumbing	\$ 18,935.54	\$ 18,935.54	\$ (18,935.54)
		\$ -	\$ -	\$ -
	<b>Total Net City Reimbursement</b>	<b>\$ 39,490.28</b>	<b>\$ 49,982.80</b>	<b>\$ 17.20</b>

Project Manager Desk Monitoring
Authorized Signature _____  Eligible, Allowable Costs _____  Compliance with Project Budget _____

**CERTIFICATE**

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).*

SIGNATURE \_\_\_\_\_ *Alicia Padvorac*

DATE: \_\_\_\_\_ *8/7/2023*

<p style="text-align: center; margin: 0;"><b>Billing Invoice will only be paid based on provider attaching the required supporting documentation.</b></p> <p style="margin: 0;"><b>Required attachments</b> (checkmark indicates compliance):</p> <p style="margin: 0;"><input type="checkbox"/> _____</p> <p style="margin: 0;"><input type="checkbox"/> _____</p> <p style="margin: 0;"><input type="checkbox"/> _____</p>
(Community Services Use Only)
Comments/Notes to Fiscal:          <p style="text-align: right; margin-top: 20px;">Sufficient Funds Budgeted (fiscal): _____</p>

DATE STAMP
City Use only