

Subrecipient Name

Billing Period: 7/1/2025

TO

7/31/2025

Invoice Number:

Invoice Date:

Sub Award Agreement #:

Supporting documentation must be submitted with invoice.

\*\*SEE BELOW\*\*

	Admin	Program	Work Experience	Training	Total
<b>Provider Expenses:</b>					
Salaries & Wages					\$ -
Fringe Benefits					\$ -
Other Program Costs					\$ -
Direct Admin Costs					\$ -
Indirect Costs					\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Participant Expenses:</b>					
Wages					\$ -
Stipends					\$ -
Transportation					\$ -
Incentives					\$ -
<b>Total Participant Expenses</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Specific Training Expenses:</b>					
On-The-Job Training (OJT)					\$ -
Customized Job Training (CJT)					\$ -
Incumbent Worker Training					\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Supportive Services					\$ -
Other Expenses					\$ -
<b>PROFIT</b>					\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -

	Budget	Cumulative Balance	Remaining	This Month
Admin	\$ -	\$ -	\$ -	\$ -
Program	\$ -	\$ -	\$ -	\$ -
Work Experience	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -

- REQUIRED DOCUMENTS**
- 1.) Copy of general-ledger that can be cross-referenced with monthly invoice
  - 2.) Copies of timesheets for staff less than 100% charged
  - 3.) Payroll registers
  - 4.) Receipts of similar proof of purchase for all cost items

AUTHORIZED SIGNATURE: \_\_\_\_\_

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

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)

Any questions concerning billing or submission of invoices and supporting documentation should be directed to [accountspayable@partner4work.org](mailto:accountspayable@partner4work.org).

**INTERNAL USE ONLY:**

Project Lead Approval: \_\_\_\_\_

Fiscal Monitoring, if applicable: \_\_\_\_\_

Fiscal Support Review: \_\_\_\_\_