



**Support to Cultural Arts Organizations  
Expenditure Invoice**

**Purpose:** Cultural Arts Organizations use this form to submit expenditures for reimbursement.

**Instructions:** Send the completed form to the Department of Finance for payment.

ORGANIZATION INFORMATION		
ORGANIZATION NAME		PROGRAM NAME
PLEASE CHECK INVOICE NUMBER 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		DATE OF INVOICE (mm/dd/yyyy)
MAKE CHECK PAYABLE TO		
ADDRESS		
CITY	STATE	ZIP CODE
QUANTITY	DESCRIPTION	AMOUNTS
TOTAL COST SUBMITTED TO DATE	PRIOR COST SUBMITTED TO DATE	AMOUNT SUBMITTED FOR PAYMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
CERTIFICATION		
<i>I certify that all costs being claimed for payment will incur within the time frame of the grant period are for budget category activities approved under the grant, and have been previously claimed for reimbursement. Source documentation to substantiate costs is on file and will be available for audit.</i>		
AUTHORIZED PERSON'S NAME (print)	AUTHORIZED PERSON'S SIGNATURE	DATE (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>