Grant:

**Invoice**

Agency:
Federal I.D. Number:
DUNS Number:
Invoice Number:

Reporting Period:
Date Submitted:

Signature (Agency Administrator or Fiscal Officer)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LINE ITEMS | APPROVED BUDGET | VARIANCE +/- | VARIANCE EXPLANATION | OPERATING BUDGET | QUARTER EXPENDITURES | YEAR-TO-DATE EXPENDITURES |
| 1. Salaries
 |  |  |  |  |  |  |
| 1. Benefits
 |  |  |  |  |  |  |
| 1. Contracted Services
 |  |  |  |  |  |  |
| 1. Supplies
 |  |  |  |  |  |  |
| 1. Travel
 |  |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |  |
| 1. Indirect Costs
 |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
|  | TOTAL EXPENSES: |  |  |
| (Less Advanced Amount, if any) |  | **Leave this box blank** |
| AMOUNT DUE TO AGENCY |  |

\*\* Do NOT include in-kind funds in this report.

Email to: dhhs.tfn@nebraska.gov