

APPENDIX B

**AGENCY INVOICE REPORTING STATEMENT
50TH YEAR OF COMMUNITY DEVELOPMENT BLOCK PROGRAM
FEDERAL FISCAL YEAR 2024 ~ 2025**

AGENCY NAME: _____ CONTRACT EXECUTION DATE, NO EARLIER THAN: 7/1/24 - 6/30/25

AGENCY PROGRAM: _____

AGENCY ADDRESS: _____

BILLING PERIOD: _____

NOTE: TOTAL REIMBURSEMENT MUST BE BASED ON THE PERFORMANCE-BASED REPORTING FORMULA(S) DESCRIBED IN APPENDIX A:

	OUTPUT GOAL (A)	TOTAL FOR BILLING PERIOD (B)	TOTAL TO DATE (C)	BALANCE (A) – (C) = (D)
ACCOMPLISHMENTS (UNDUPLICATED PARTICIPANTS SERVED)				
EXPENDITURES	\$	\$	\$	\$

(ALL THE ABOVE EXPENSES ARE IN ACCORDANCE WITH THE SCOPE OF SERVICES AND TERMS OF THE CONTRACT.)

CERTIFIED BY: _____ TITLE: _____ DATE: _____

****NO REQUEST FOR REIMBURSEMENT WILL BE PROCESSED WITHOUT THIS FORM AND SUPPORTING DOCUMENTATION FOR THE EXPENDITURES****

OFFICE USE ONLY

REVIEWED BY FINANCIAL COMPLIANCE ASSISTANT: _____ DATE: _____

APPROVED BY DIVISION DIRECTOR: _____ DATE: _____

APPROVED BY DEPARTMENT DIRECTOR: _____ DATE: _____

ACCOUNT NUMBER: _____ PROJECT ID: _____