

## 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:**

	<b>OUTPUT GOAL (A)</b>	<b>TOTAL FOR BILLING PERIOD (B)</b>	<b>TOTAL TO DATE (C)</b>	<b>BALANCE (A) – (C) = (D)</b>
<b>ACCOMPLISHMENTS (UNDULICATED PARTICIPANTS SERVED)</b>				
<b>EXPENDITURES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

(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: \_\_\_\_\_