

LINE ITEM INVOICE	PROJECT NAME			REIMBURSEMENT CLAIM FOR MATCHING GRANT FUNDING		
ORGANIZATION NAME				SONOMA COUNTY AGRICULTURAL PRESERVATION AND OPEN SPACE DISTRICT		
APPROVED GRANT AMOUNT						
DATE OF INVOICE						
DATE RANGE OF EXPENSES						
Item/Task	Budgeted Amount	Total Complete to Date	Prior Paid to Date	This Invoice Request	% of Total Complete to Date	Total Complete to Date
Total Project	\$ -	\$ -	\$ -	\$ -		\$ -
<i>Expand Line Item Invoice with additional Items/Tasks if needed.</i>						
<i>For any personal costs, please provide a separate line for salary (one line) and for benefits (another line). Also provide the job title of the staff member, their hourly wage, and the number of hours spent on the task.</i>						
Brief Narrative of Tasks Performed During the Invoice Period:						
Attach copies of receipts.						
Invoice certification:						
Approving Signature	Name and Title of Approving Signature				Date	
<i>Note: If this is a final invoice, please mark it as "FINAL".</i>						