

**New Hampshire State Conservation Committee
Conservation Moose Plate Grant Program
Invoice Form**

Instructions

- See *Invoice Final Report Electronic Submit Instructions* for electronic submittal instructions.
- A Certificate of Insurance with a current date must be on file with the State Conservation Committee. An updated Certificate of Insurance may be emailed with the invoice.
- The State of New Hampshire requires a minimum of 30 days to process approved invoices.

Section A: Grantee and Invoice Information

- Provide the information for the grant and submit with signature (electronic is acceptable) and date.

Section B (blue): Budget Table

- Budget table is formatted with formulas for totals.
- In Section B (green) provide information only for the task that is being invoiced.
- Provide the Task # (number). The Invoice Task # should correspond to the Task # in the Grant Agreement Exhibit B and C. Submit an invoice for each task.
- Provide expense costs by project activity for Grant fund reimbursement.
- Provide expense costs by project activity for Other Project funds (cash and non-cash) used to accomplish the Task.
- Attach documentation for expense costs the Grant funds are reimbursing. Unless otherwise noted in the Grant Agreement, do not attached documentation for Other Project funds.

Section C (green): Project Budget Cumulative Invoices

- Include the total for this invoice plus any previously submitted invoices. The Total Project Budget in this section of the invoice form should correspond to the total project budget in the Grant Agreement Exhibit C. Provide remaining project Grant funds and Other Project funds.

Section D: Narrative

Provide a brief narrative detailing project task accomplishments and explaining task expenses.

- Summarize the project tasks undertaken and the outcomes achieved. Refer to the Project Tasks provided in the Grant Application and Grant Agreement Exhibit A.
- Modifications to Task activity and budget must be reviewed by the Grant Administrator prior to invoice submittal. If approved, note Task modifications in the narrative.

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Section A: Grantee and Invoice Information

Grantee Name (checks payable to):	
Project Name:	
Grant Award Year:	
Grantee Mailing Address:	
Attention To:	
Invoice #	
Invoice Request:	
Certified by Grantee (signature):	Date:
Name (print)	Title:

Section B: Task Budget

Section B. Invoice # ____					
Task	Activity / Expense	SCC Grant Funds \$	Other Project Funds: Cash \$	Other Project Funds: Non-Cash \$	Total Grant & Other Project Funds \$
Task #: ____					
	Supplies, Materials				
	Equipment				
	Purchase				
	Contract Services				
	Staff, Administrative, Indirect				
	Other				
Totals: SCC Grant Invoice & Other Project Funds					

Section C: Project Budget - Cumulative Invoices

Section C. Project Budget - Cumulative Invoices					
Invoice #	Date Submitted	SCC Grant Funds \$	Other Project Funds: Cash \$	Other Project Funds: Non-Cash \$	Total Grant & Other Project Funds \$
Total Invoices SCC Grant & Other Project Funds					
Total SCC Grant Budget					
Remaining SCC Grant Funds					

Section D: Narrative

Description of the project tasks completed.