



Louisiana Children's Trust Fund Cost Reimbursement Invoice Form

Contractor Name _____ Mailing Address _____ City, State, Zip _____ Contact Person/Telephone Number _____ Contact Person Email _____	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> Service Period _____ Contract/P.O. # _____ Invoice Number _____
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EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D) <small>*N/A to CTF</small>	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)
PERSONNEL					
FRINGE BENEFITS					
TRAVEL					
OPERATING SERVICES					
SUPPLIES					
PROFESSIONAL SERVICES					
OTHER CHARGES					
EQUIPMENT/ACQUISITIONS					
INDIRECT COST					
TOTALS					

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the

<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> Signature of Authorized Contractor Representative and Title _____	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> Date _____
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FOR OFFICE USE ONLY

LCTF Invoice Number	GL Account	Cost Center	WBS	Grant	Fund
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Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.
_____ Signature and Title of Authorized LCTF Official	_____ Date
_____ Melissa Gannuch, Director of Finance & Administration	_____ Date