INVOICE

MID-AMERICA REGIONAL COUNCIL SOLID WASTE MANAGEMENT DISTRICT
Mail to 801 Pennsylvania Ave, Suite 400, Kansas City, MO 64105, or email karpilow@marc.org

Attach vendor invoice(s) and proof of payment. For salaries, attach payroll and time log(s).

Grant Project:	Date:
Program Manager:	Invoice Amount: $
Mailing Address: Street	Invoice #
City:	Zip Code:

EXPENSES:

BUDGET CATEGORY	DESCRIPTION	GRANT FUNDS REQUESTED	CASH MATCH (includes Salary)	TOTAL
	TOTAL:			
	PERCENTAGE:	____ %	____ %	**100%**

CONTRIBUTED SERVICES (IN KIND):

BUDGET CATEGORY	DESCRIPTION	RATE/HOUR	AMOUNT
		Subtotal of Contributed Services	

COMMENTS

I certify to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant assistance agreement and that payment is due and have not been previously requested.

_____ _____

Signature of Authorized Official **Date**