INVOICE

MARC SOLID WASTE MANAGEMENT DISTRICT
801 Pennsylvania Ave., Suite 200
Kansas City, MO 64105
816/701-8226 816/421-7758 (fax)

Grantee:	Date:
Program Manager:	Invoice Amount: $
Mailing Address:	Invoice #

SMALL PROJECT ASSISTANCE FUNDS

BUDGET ITEMS	DESCRIPTION	GRANT FUNDS REQUESTED	TOTAL
	TOTAL:		

Please attach copy of vendor invoice and proof of payment.

Proof of Payment:

- Copy of cancelled check or copy of credit card statement with the charge
- Bank statement showing funds were withdrawn

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**