

**INVOICE FORM FOR ALL GRANTEES
(Except Large Budget Organizations)**

City of Los Angeles, Department of Cultural Affairs
GRANTS PROGRAM
201 N. Figueroa Street, Suite 1400
Los Angeles, CA 90012
Phone: (213) 202-5566 Fax: (213) 202-5515

Please type all information.

Grantee Name	Fiscal Year Grant	Grant Amount
Address	City	CA State Zip Code
Contact	Title	Contact Phone
Contact Email	Federal Tax ID Number	Business Tax Registration Number or Vendor Registration Number

- 1) Copy the description of "Services to be Provided by Contractor" from Attachment A of your grant contract in the space below and fill out payment amount, completion date, and certification signature.
- 2) Attach a numbered list(s) of dates, street addresses and Council District(s) of all completed services.
- 3) For first payment, attach a list of expenses committed for project activity (do not send receipts or cancelled checks). For final payment attach a final narrative report, a final financial report and printed materials showing DCA logo.

Payment amount : \$ _____

I certify under penalty of perjury that the service/s for which payment is hereby requested has/have been performed by me or the above organization I represent, in full compliance with the requirements of the provisions of the cultural grant contract with the Department of Cultural Affairs.

Date	Signature	Title
<p>For DCA USE ONLY:</p> <p><i>Section to be completed by an authorized employee of the Center/Facility/Division overseeing AFE or contract:</i></p> <p>SERVICES/DOCUMENTS REQUIRED BY AFE OR CONTRACT (NO. _____) WERE RECEIVED BY ME ON _____ AND I HEREBY APPROVE THIS INVOICE FOR PAYMENT: _____</p>	<p style="text-align: center;">For Accounting Use Only</p> <p><input type="checkbox"/> Receipt Verification I certify that the materials, supplies or services covered by this bill were received and/or verified by me on _____ in compliance with the contract terms.</p> <p><input type="checkbox"/> Declaration of Compliance on Living Wage Ordinance is on file, if applicable.</p> <p><input type="checkbox"/> Insurance Verification I certify that evidence of approved insurance is on file in the Attorney's Office, if applicable.</p> <p><input type="checkbox"/> Declaration of Compliance on Equal Benefits Ordinance is on file.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>_____ Signature</p> <p>_____ Date</p>	