**Invoice - Nonpoint Source Grants Program**

Maine Department of Environmental Protection

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Instructions:*** Complete items in the following box electronically (not by hand). Submit original invoice (no copies or email) to DEP Agreement Administrator. | | | | | | | |
| Invoice Date: | |  | | Invoice ID: | |  | |
| **PROVIDER:** | | | | *Project # along with a unique invoice number (e.g., #2013RT07-2)* | | | |
| Grantee Name: | |  | | | | |
| Mailing Address: | |  | | | | |
| City, State, Zip: | |  | | | | |
| Project ID# | |  | | Project Title: | |  |

**PAYMENT REQUESTED:**

|  |  |
| --- | --- |
| Total Expensed to Date: |  |
| Minus Prior Payments: |  |
| Amount This Invoice: |  | Check if Final Project Payment |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GRANT AND MATCH SUMMARY:** | | | | | |
| Total Grant: | $ | Minus Spent to Date: | $ | = Grant Remaining | $ |
| Match Required: | $ | Minus Match to Date: | $ | = Match Remaining | $ |

**PROCUREMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Were funds used for procurement? | Yes |  | No |  |

If yes, submit the ‘MBE/WBE Utilization Report’ form with this invoice.

**CERTIFICATION:**

Provider certifies that grant funds were expensed or costs were incurred on allowed activities and purposes in accordance with the Grant Agreement. Upon request by DEP, the Provider agrees to produce the source documents used to prepare this payment request.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Original Signature of Authorized Provider Representative: | | | |  |  | |
| Name Printed: |  | Title |  | | Date |  |

**PAYMENT APPROVED BY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature DEP Agreement Administrator: | |  | | |
| Name Printed: |  | | Date |  |

|  |  |
| --- | --- |
| **FOR DEP USE ONLY** | Date received from AA \_\_\_/\_\_\_/\_\_\_ Date forwarded to Admin \_\_\_/\_\_\_/\_\_\_ |
| AdvantageME CT No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vendor Code \_\_\_\_\_\_\_\_\_\_\_\_ Fund \_\_\_\_\_\_\_ Agency \_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_ SubUnit \_\_\_\_\_\_\_\_\_\_  Object \_\_\_\_\_\_\_ Activity \_\_\_\_\_\_\_ SubActivity \_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_ | |