

INVOICE FOR GRANT PAYMENTS
Two-Year Funding Programs

PART A - GRANT INFORMATION

DATE: _____

INVOICE NUMBER: _____
(Grant Number) Format: XXX-XX-XXXXX or XX-XX-XXXXX

GRANTEE NAME/MAILING ADDRESS:

Grantee Name

GRANT PERIOD: _____ to _____
Format: MM/DD/YY to MM/DD/YY

Mailing Address 1

TYPE OF REQUEST:

Mailing Address 2 (Optional)

50% ADVANCE PAYMENT

40% SECOND PAYMENT

10% FINAL PAYMENT

City, State

Zip Code

PART B – 50% ADVANCE PAYMENT

GRANT AWARD \$ _____ x 50% = ADVANCE PAYMENT REQUEST \$ _____

PART C – 40% SECOND PAYMENT

To qualify for release of the 40% second payment, the Grantee must have done the following:

Completed and submitted the Interim Report online

GRANT AWARD x 40% = SECOND PAYMENT AMOUNT REQUEST \$ _____

PART D – 10% FINAL PAYMENT

To qualify for release of the 10% final payment, the Grantee must have done **ALL of the following:**

Completed the Scope of Work as indicated in the Grant Standard Agreement

Completed and submitted the Final Report (including the NEA Grants Activity Survey) online

GRANT AWARD x 10% = FINAL PAYMENT AMOUNT REQUEST \$ _____

CERTIFICATION

“I hereby certify under penalty of perjury that this report is in accordance with the grant approved by and the standards of the California Arts Council, and that payment has not been previously received for the amount claimed herein.”

AUTHORIZED OFFICER’S PRINTED NAME / TITLE

PREPARER’S PRINTED NAME

AUTHORIZED OFFICER’S SIGNATURE
(Only use blue ink)

Contact’s Phone Number

Contact’s Email Address

FOR CAC ACCOUNTING USE ONLY

FY _____ FUND _____ APPROP REF _____ VOUCHER _____

FY _____ FUND _____ APPROP REF _____ VOUCHER _____

PROGRAM STAFF (Signature) _____

APPROVAL DATE _____

STATE OF CALIFORNIA
INVOICE FOR GRANT PAYMENTS
CAC-541 (Revised 6/15/16)



ACCOUNTING STAFF (Signature) _____

PROCESS DATE _____