STATE OF CALIFORNIA
INVOICE FOR GRANT PAYMENTS
**CAC-590 (Revised 7/1/15)**

CALIFORNIA ARTS COUNCIL

# INVOICE FOR GRANT PAYMENTS

## PART A - GRANT INFORMATION

**DATE:** _____

**INVOICE NUMBER:** _____
(Grant Number) Format: XX-XX-XXXX

**GRANTEE NAME/MAILING ADDRESS:**

_____
Grantee Name

_____
Mailing Address 1

_____
Mailing Address 2 (Optional)

_____ _____
City, State Zip Code

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

**TYPE OF REQUEST:**

☐ 90% ADVANCE PAYMENT
☐ 10% FINAL PAYMENT

## PART B – 90% ADVANCE PAYMENT

GRANT AWARD $ _____ x 90% = TOTAL ADVANCE PAYMENT REQUEST $ _____

## PART C – 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 provided in Exhibit A of the Grant Standard Agreement
☐ Submitted the CAC/NEA Grants Activity Survey (online)
☐ Submitted the Final Report

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
(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 _____

ACCOUNTING STAFF (Signature) _____ PROCESS DATE _____