

K-12 Strong Workforce Program INVOICE



Bill to: **Kern Community College District- CVML Fiscal Agent**
 Attn: Lora Larkin, llarkin@kccd.edu
 Beatrice Licon, beatrice.licon@kccd.edu

Date of Invoice:
 Invoice #:

Remit to:

Address:

*** Invoice Amount**

Check Description: (Please include allocation year and Round #)

| | | |
|---------------------|-----------|---------|
| | Date From | Date To |
| Grant Period | | |

Lead LEA (Grant Recipient):

Project Title:

Nova Project ID:

| 70% Advancement | | Reimbursement | |
|--|----|---|----|
| 1. Contract Amount | \$ | 1. Expenditures Reported in NOVA <small>* This amount should tie to GL report.</small> | \$ |
| 2. 70% Advance Amount | \$ | 2. 70% Advance Amount | \$ |
| 3. Balance After Advance | \$ | 3. Other Reimbursements Paid | \$ |
| 4. Amount Available to Invoice (70% Advance Amount only)* | | 4. Total Amount Available of Reimbursable Expenditures (Subtract 2 & 3 from 1)* | |

*Input Advance or Reimbursable amount in Invoice Amount above.

I am officially authorized by the grant recipient to submit this form. I have reviewed the attached NOVA Fiscal Report. To the best of my knowledge, I believe this to be a true and correct statement of expenditure for the grant recipient and all participating partners.
 In accordance with Education Code §88832, all financial expenditures included in the attached NOVA Fiscal Report have been for the sole purpose of supporting the program or programs for which these grant funds were awarded, and are based on the actual cost of recorded expenditures as evidenced by official district accounting system(s), and this evidence is readily available to the Fiscal Agent, the Chancellor's Office, the Bureau of State Audits, and any other appropriate state or federal oversight agency, or their designated representative(s) upon request.

Fiscal Authorized Official Signature:

Fiscal Authorized Official Name:

Print Name