

**Arts Council of Hillsborough County
Cultural Development Grant Program**

Attachment 1

Invoice for Payment

Organization and mailing address:	Grant number:
Project title:	Grant amount awarded:
Federal I.D. Number:	Billing period covered:
Contact person:	Title:
Telephone: E-mail:	Date:

Cost Categories	Approved Budget Per Exhibit B1	Total Expenditures At Last Billing	Expenditures Since Last Billing
1. Personnel -Administrative	\$	\$	\$
2. Personnel- Artistic	\$	\$	\$
3. Personnel- Technical/production	\$	\$	\$
4 Outside Artistic Fees and Services	\$	\$	\$
5. Outside Other Fees and Services	\$	\$	\$
6. Space Rental	\$	\$	\$
7. Travel	\$	\$	\$
8. Marketing	\$	\$	\$
9. Equipment Rental	\$	\$	\$
10. Supplies and Materials	\$	\$	\$
11. Postage and telephone	\$	\$	\$
12. Remaining Operating Expenses (List below or attach schedule)	\$	\$	\$
Totals			
		Amount Requested	\$(A)
		Grant Amount Rcvd to Date	\$(B)
		Total: (A) + (B) Not to exceed Grant Amount Awarded	
	For Office Use Only;	Pay This Amount	

Certification: It is certified that the information provided is true and correct, and the expenditures were incurred solely for the purpose of the approved referenced grant activity.

Signature - Chief Executive Officer

Signature - Project Director

Typed Name Date

Typed Name Date