

Claim Number: \_\_\_\_\_

LISTING OF INVOICES by date

Page \_\_\_\_ of \_\_\_\_

Invoice Date	Invoice Number	Invoice Amount	Check No. to Pay Invoice	Consultant / Contractor Name	Program Task(s)	Description of Costs

Total (this page): \$ \_\_\_\_\_  
GRAND TOTAL\* \$ \_\_\_\_\_  
\* (last page only)

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