

PUBLIC SCHOOL FUNDING STRATEGY

[District Name]
[Department / Office]
[Street Address]
[City, State, Zip]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]
Fiscal Year: [20XX-20XX]

BILL TO:

[Funding Body / Grant Agency]
[Contact Name]
[Street Address]
[City, State, Zip]

FUNDING STRATEGY / PROJECT:

Project Name: [Title]
Account Code: [GL Code]
Grant ID: [Number]

Strategy / Service Description	Units/Hours	Rate/Cost	Total
[Item Description - e.g., Title I Consultant Services]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Item Description - e.g., Instructional Materials Allocation]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Item Description - e.g., Professional Development Workshop]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Indirect Costs ([%]): \$[0.00]
Total Funding Request: \$[0.00]

Certification: I certify that the above expenses are accurate and in compliance with district and state funding regulations.

Authorized Signature

Date