ON ORGANIZATION LETTERHEAD

INVOICE

INVOICE #
DATE:

FEDERAL ID # (9 digit EIN # assigned by IRS):

PROJECT DESCRIPTION/TITLE (ex. Trout in Classrooms) :

BILL TO:
ARE Program
Watershed & Climate Services
Maryland Department of Natural Resources
Tawes State Office Building E-2
580 Taylor Avenue
Annapolis, MD 21401

****List only expenses that you are asking to be reimbursed for****

Date Goods/Services Provided	**Description of Goods/Services** ****Itemized list of all approved expenses w/ receipts is required**** Ex: 1 substitute for ___hours@$___/hr = $ 1 bus @ 50% = $	**Amount Requested for Reimbursement**
TOTAL		

Remit Payment to (name and address if different from letterhead):

By signing this report, I certify that the above is just and correct and payment has not been received. I also certify to the best of my knowledge and belief that this report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

School Principal Name (Printed) School Principal Signature Date