

State Leadership Project Invoice Form

Return with each invoice.

Invoice #:	Dates of Service for Invoice:
Project Title:	Project #:
Name:	Award Amount:
E-mail:	Phone:
Address:	Zip:
City:	County:

A	B	C	D	E	F
Performance Measures / Criteria	Evidence/ Deliverables	Evidence/ Deliverable Amount Authorized	Evidence/ Deliverable Amount Previously Earned	Amount Difference	\$ Amount Requested
Totals		\$	\$	\$	\$

Amounts will be paid on the lesser of expenditures or deliverables as reported on the DOE 399 (Perkins) or 499 (Adult Ed) form and Column F on the chart above. Applicant must request any carryover on a future invoice.

Attach to each invoice submitted:

- Updated DOE 399 or 499 form
- Proof of documented allowable expenses for the performance measure(s) achieved that support the listed deliverable(s) and mail to:

Florida Department of Education
 Bureau of Grants Management
 Attention: Sue Wilkinson
 325 West Gaines Street, Room 332, Unit B
 Tallahassee, FL 32399-0400

Print Name of Agency's Invoice Preparer:	Signature of Agency's Invoice Preparer:	Date:
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FDOE USE ONLY	FDOE Program Manager:	Date:
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