



**Broward County Board of County Commissioners
Cultural Division
Units of Service Invoice**

Organization:
Address:
City, State, Zip:
Contact:
Title:
Phone #:

Grant Award Amount:
BCC Grant #:
Invoice for the Month(s) of:

Services Purchased	Units of Service	Amount Requested
	Total Units for Invoice	Total \$ for Invoice
	Cumulative Units - To Date	Cumulative \$ - To Date
<p>Did you include your required documentation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brief Narrative of Services, see Exhibit A for specific requirements - All Grants <input type="checkbox"/> Playbills, Flyers and/or Brochures from all event(s) - All Grants <input type="checkbox"/> Documentation of grant fund expenditures - ECD & CTP Grants <input type="checkbox"/> Documentation of matching funds - ECD & CTP Grants <input type="checkbox"/> Signed Attendance Logs/Reports - CDP & ECD Grants <input type="checkbox"/> Other Information as required by the grant agreement. 		

Please mail original invoice to: Financial Analyst
Broward County Cultural Division
100 S. Andrews Ave., 6th Floor
Fort Lauderdale, FL 33301-1829

County Use Only

Invoice #: _____
Vendor #: _____
Fund #: _____
Reviewed: _____ Date: _____
Approved: _____ Date: _____

Invoice Prepared By

Name: _____
Print
Phone #: _____

Certification

The undersigned as an authorized officer of the above referenced organization hereby certifies that the services billed have been rendered on behalf of Broward County.

Signature: _____
In Blue Ink Only
Name: _____
Typed
Title: _____
Typed
Date: _____