

**INVOICE Nonpoint Source Grants Program**  
 Bureau of Land and Water Quality  
 Maine Department of Environmental Protection

Invoice form for Agreements issued before June 2009 only, refer to reverse side of this form for instructions

**PROVIDER:** \_\_\_\_\_ Invoice Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Project ID#: \_\_\_\_\_ Project Title: \_\_\_\_\_

Total Agreement Amount of Grant Funds: \$ \_\_\_\_\_

**REIMBURSEMENT METHOD:**

Total Expensed to Date \$ \_\_\_\_\_ minus Prior Payments \$ \_\_\_\_\_ equals **Amount this Invoice \$** \_\_\_\_\_

**ADVANCE METHOD:** Specify the Advance Period for which funds are needed: \_\_\_\_\_ months (3 months max)

Prior Payments \$ \_\_\_\_\_ minus Total Expensed to Date \$ \_\_\_\_\_ equals Balance on Hand \$ \_\_\_\_\_

Projected Cash Needs \$ \_\_\_\_\_ minus Balance on Hand \$ \_\_\_\_\_ equals **Amount this Invoice \$** \_\_\_\_\_

Task #	Brief Explanation of Projected Cash Needs for Advance Period	Est. Cost
		\$
		\$
		\$
		\$
Sum of Projected Cash Needs		\$

**NON-FEDERAL MATCH:**

Match Required \$ \_\_\_\_\_ minus Match to Date \$ \_\_\_\_\_ = Match Balance Remaining \$ \_\_\_\_\_

**PROCUREMENT:**

Funds were used for procurement: yes \_\_\_ no \_\_\_

If yes, submit the "MBE/WBE Utilization Report" form with this invoice.

**CERTIFICATION:** For reimbursement, Provider certifies that grant funds were expensed on allowed activities and purposes in accordance with the Grant Agreement. For advances, Provider certifies that the requested payment is needed for expected project expenses during the advance period and that funds will be expensed on allowed activities and purposes in accordance with the Grant Agreement. Provider agrees to produce on request the source documents used to prepare this payment request.

SUBMITTED BY: (signature - authorized Provider representative) \_\_\_\_\_

Name Printed \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PAYMENT APPROVED BY: (signature - DEP Agreement Administrator) \_\_\_\_\_

Name Printed \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<b>FOR DEP USE ONLY</b>	Date received from AA ___/___/___	Date forwarded to Admin ___/___/___
AdvantageME CT No: _____		
Vendor Code _____	Fund _____	Agency _____ Unit _____ SubUnit _____
Object _____	Activity _____	SubActivity _____ Program _____ Amount \$ _____

***Instructions:*** For a NPS Project grant agreement issued prior to June 2009 allowing advance payment, the Provider (grantee) may use this form to request advance payment or reimbursement.

### **Provider Info**

- Date the invoice was signed by the provider; and Provider Name and Mailing Address.
- "Project ID Number" (example: 2008RR12) and "Project Title" (refer to Agreement or project work plan).
- "Total Agreement Amount". The total amount of grant funds is specified in the Agreement, on page 1.

### **Payment Method - Reimbursement or Advance**

- Complete the "REIMBURSEMENT" section, if the invoice is to reimburse the Provider for funds expensed. Do not complete the "ADVANCE" section.
  - Complete the "ADVANCE" section if the invoice is for (1) an advance payment only or (2) reimbursement and an advance. Do not complete the "REIMBURSEMENT" section.
- NOTE: For an agreement issued after 5/09, payment is confined to reimbursement only, except DEP may issue an advance payment due to hardship.

### **Request for Reimbursement**

- "Total Expensed to Date" The total grant funds the Provider expensed to date for allowed project costs.
- "Prior Payments". The total amount of grant funds received to date by the Provider.
- "Amount this Invoice". Subtract the "Prior Payments" from "Total Expensed to Date".

### **Request for Advance**

- "Advance Period". Specify the advance period in months, not to exceed 3 months.
- "Prior Payments". The total amount of grant funds received to date by Provider.
- "Total Expensed to Date". The total grant funds the Provider expensed to date for allowed project costs.
- "Balance On Hand". Subtract "Expended to Date" from "Prior Payments".
- "Projected Cash Needs". This is an estimate of the amount of grant funds that the provider will need to expense during the advance period. Provide a brief explanation of anticipated work and costs in the table.
- "Amount this Invoice". Subtract "Balance on Hand" from "Projected Cash Needs".

### **Report Non-Federal Match Used to Date**

- "Match Required". The amount of match shown on the budget page of the work plan.
- "Match to Date". The amount of non-federal match accumulated to date for the project.
- "Match Balance Remaining". Subtract "Match to Date" from "Match Required".

### **Procurement**

Procurement is acquisition of supplies, equipment, construction or services. If a Provider (sub-recipient of federal funds) uses funds for procurements, then submit the DEP "MBE/WBE Utilization Report" form with the payment request.

### **Signatures / Certification**

The Provider must date and sign the invoice certification.

### **Submitting the Invoice to DEP**

Provider must submit an invoice with the signature....not a copy or email. Provider submits the original Invoice to the DEP staff person assigned as Agreement Administrator for the project.

### **Payment**

The DEP Agreement Administrator will inform the Provider whether the invoice is accepted or not accepted within 3 days of receipt. An Invoice will be accepted if DEP finds the Provider has exhibited adequate compliance and performance according to terms of the Grant Agreement, and the invoice is completed according to instructions. The Agreement Administrator will sign / date the invoice indicating acceptance; retain one copy for the project file; and forward the original invoice to the NPS Program Manager in Augusta. The Provider can anticipate receipt of the payment from the State within 4 weeks of acceptance.