## Billing Statement \& Work Product Reporting \& Certification

Payment

Request \# | Invoice Period |
| :--- | :--- |
| TO/FROM |$\quad$ Partial ? $\square$ Final ? $\square$

| Line \# | Program | Task Item | Unit Cost | \# of Units Completed | Reimbursement Requested \$ | \# of Units <br> Remaining | Budget Remaining |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
|  |  |  | Total Reimbursement Request |  | \$ 0.00 |  |  |

