|  |  |
| --- | --- |
| Grantee Organization NameStreet AddressCity, ST ZIP CodePhone | Invoice # XXXX GRANT #: XX-XX-XX-XXInvoice period: date-date Submitted on: Date |
| To:Attn: Annie Kohut FrankelAnnie.Frankel@coastal.ca.govCalifornia Coastal Commission455 Market Street, Suite 200, Room 228San Francisco, CA 94105 |  |

**PERSONNEL EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
| Position title | hours | rate | TOTAL |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| benefits |  |
| SUBTOTAL personnel expenses |  |

**OPERATING EXPENSES**

|  |  |  |
| --- | --- | --- |
| expense category | DESCRIPTION, if needed | TOTAL |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| SUBTOTAL operating expenses |  |
| overhead/indirect expenses (Max 10% of personnel expenses) |  |
| **TOTAL due** |  |

Make all checks payable to **Grantee Name**

If you have any questions concerning this invoice, contact **Name, Phone, Email**

Signature: