

REMIT PAYMENT TO:

Grantee Name:

Street Address:

City, State, ZIP:

Phone:

Attn: Jessica Lie

Jessica.Lie@coastal.ca.gov California

Coastal Commission

455 Market Street, Suite 200, Room 228

San Francisco, CA 94105

INVOICE #

GRANT #

INVOICE PERIOD

SUBMITTED ON

**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  |                        |       |

If you have any questions concerning this invoice, contact Name:

Email:

Signature: