

Grantee Name:  
 Street Address:  
 City, State, ZIP:  
 Phone:

INVOICE #  
 GRANT #  
 INVOICE PERIOD  
 SUBMITTED ON

Attn: Jessica Lie (Jessica.Lie@coastal.ca.gov)  
 California Coastal Commission  
 455 Market Street, Suite 200, Room 228, San Francisco, CA 94105

**PERSONNEL EXPENSES**

POSITION TITLE	HOURS	RATE	TOTAL
BENEFITS			
SUBTOTAL PERSONNEL EXPENSES			

**OPERATING EXPENSES**

EXPENSE CATEGORY	DESCRIPTION	TOTAL
SUBTOTAL OPERATING EXPENSES		
OVERHEAD/INDIRECT EXPENSES (MAX 10% OF PERSONNEL EXPENSES)		
<b>TOTAL DUE</b>		

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

Email:

Signature: