

INVOICE

Date:

Invoice No.:

Name

Address:

City:

State:

Zip:

Attn:

Bill To: BOG, CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE (CCCCO)
Attn: Accounting Office
1102 Q Street, Suite 4400
Sacramento, CA 95811-6539

Chancellor's Office Agreement Number:

Chancellor's Office Project Monitor:

Payment Type: Advance Payment Progress Payment Final Payment

Other Payment (describe):

Description of Work and Dates Services Rendered:

Enactment Year	Fi\$Cal Program	Sub Task	Object of Expenditure
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Total Amount Due: \$

District/College Accounting Office Contact:

District/College Program Contact:

Name:

Name:

Title:

Title:

Email:

Email:

Phone number:

Phone number:

Please send payment to the address above.

Instructions for Invoice Template

All invoices must be submitted electronically to the CCCCCO's Accounting Office inbox (accountspayable@cccco.edu). The email's subject line must state "INVOICE ENCLOSED". Below are additional details about each field. If you have any questions about this Invoice Template, please contact your CCCCCO Program Contact/Monitor or CCCCCO's Accounting Office at accountingoffice@cccco.edu.

Date – Enter the date the invoice was created.

Invoice No. - Enter an invoice number to be used for internal purposes by the community college district/college.

Name –Using the drop down list to select the District name or enter information manually. The name must match the name listed on the Grant Face Sheet.

Address - Enter the District address which must match the Grant Face Sheet. If the address does not match the Grant Face sheet, the payment cannot be processed.

Chancellor's Office Agreement Number - Enter the grant agreement number, contract number, or other unique identifier.

Chancellor's Office Project Monitor – Enter the name of the Chancellor's Office Project Monitor. If unknown, enter the Program Name.

Payment Type - Identify the payment type (advance, progress, final or other payment). If other payment is clicked, provide a brief description of the payment type.

Description of Work and Dates Services Rendered - Provide a description of the work performed and the dates of services rendered.

Enactment Fiscal Year, Fiscal Program, Sub Task, and Object of Expenditure – This information is the same information found on the Grant Face Sheet. For grants or contracts with "braided funding", an invoice for each funding source is required. For example, a payment from FY 16/17 funding must accompany its own individual invoice; 1 invoice for two fiscal years are not acceptable.

Total Amount Due - Enter the amount invoiced to CCCCCO.

District/College Accounting Office Contact Information - Identify an accounting office contact.

District/College Program Contact Information - Identify a program contact who can address questions about the work performed.