

**DDRB FY07 Invoice  
Reimbursement Grant Form**

Agency: \_\_\_\_\_  
 Billing Submitted by: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Program Name: \_\_\_\_\_

	Billing Period: _____			Year-To-Date		
	Actual Expenses	DDRB	% of Actuals	Actual	DDRB	% of Actuals
TOTAL PROGRAM EXPENSES			#DIV/0!			#DIV/0!
ADMINISTRATIVE COSTS			#DIV/0!			#DIV/0!
TOTAL EXPENSES	0.00	0.00	#DIV/0!	0	0	#DIV/0!

Amount Due

% of Actual = DDRB portion divided by Actual Expenses

**Complete Program Budget Balance:**

Allowable Reimbursement %:	_____
Total DDRB FY07 Budget:	_____
YTD DDRB Funds Expended:	0
YTD DDRB Funds Remaining:	_____

**Payment Information:**

If invoices received by 10th of month, approved payment mailed the 20th.  
 If invoice received by 25th of month, approved payment mailed the 5th.  
 All FY07 invoices due July 31, 2007.  
 Invoices not paid unless all reports due are received.