**Final Invoice for FY20 OSP & CCSD Contracts**

Contractor’s Legal Name:

Address:

Phone Number:
Contract Number:

Purchase Order Number:

Invoice Date:

Contractor Invoice Number:

|  |  |
| --- | --- |
| **Total Request Amount:** | **$**  |
| **What number request is this (#1-4)?** |  |

**Table 1: List of Itemized Expenses**\*If you need more lines, please attach a spreadsheet with additional data.\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Expense** | **Amount of Expense** | **Vendor or Employee Name** | **Date of Payment**  | **Payment Type(Check #, Credit Card or Direct Deposit)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Expenses:** |  |  |

**Table 2: Match Income Table**\*In an effort to respond to the negative financial impacts of Covid-19, the City has waived the match requirement for FY20\*

|  |  |  |
| --- | --- | --- |
| **Match Income Source for this request** | **Amount** | **Date Received** |
|  |  |  |
|  |  |  |
|  |  |  |
|  | $ |  |
| **Subtotal for this request:** | $ |  |
|  |  |  |
| **A. Total Match Required:** | $ | . |
| **B. 1st Request Match Income Total:** | $ |  |
| **B. 2nd Request Match Income Total:** | $ |  |
| **B. 3rd Request Match Income Total:** | $ |  |
| **B. 4th Request Match Income Total:** | $ |  |
| **C. Total Match Amount to Date:** | $ | 🡨 Sum of all B Lines  |
| **D. Remaining Match Amount:** | $ | 🡨 Subtract Line C from Line A.  |

 **Authorization**

I have prepared this invoice in compliance with Article III Compensation of the Agreement between the City of San Diego and the organization I represent. **I understand that while I may request the final 10% of our OSP or CCSD contract now, I am responsible for submitting a completed Final Report by July 31, 2020.**

|  |  |
| --- | --- |
| Printed Name & Title |   |
| Signature  |   |
| Date |  |