**ASSOCIATED COSTS INVOICE [TEMPLATE]**

**TO:**  Department of Conservation **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Division of Land Resource Protection

Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (grant manager)

801 K Street, MS 14-15

Sacramento, CA 95814

**Grant No:** \_\_\_\_\_\_\_\_\_ **Invoice No: \_\_\_\_\_\_\_\_\_\_\_**

For expenditures under this grant during the timeframe:

[Note: The actual invoice line items for Associated Costs should correspond exactly to the line items listed in the Grant Agreement Budget page.]

|  |  |  |
| --- | --- | --- |
|  | **SALCP** | **GRANTEE MATCH** |
| **Associated costs** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Totals** | **$** | **$** |

**Total reimbursement request in this invoice:** $ \_\_\_\_\_\_\_\_\_\_\_\_

 Name of Grant Agreement Signatory or Designee

 Title