HMEP PLANNING GRANT
INVOICE AND EXPENSE FORM

COUNTY LEPC NAME: _____ **Project:** _____ **Date:** _____

SOFT MATCHES:

NAME OR ITEM	DATE MO/ DAY	Hours Worked	Rate Per Hour	Total Salary Match (A)	Benefit %	Total Benefit Match (B)	Facility Fee C	Supplies Contributed	Cost of Supplies Match (D)	Auto Miles Contributed	Mileage Rate $ 0.32	Total Mileage Match (E)	TOTAL MATCH Sum(A,B,C,D,E)
TOTALS													**I**

PROJECT COSTS

NAME OR ITEM	DATE MO/ DAY	Contract Scope	Contract Cost (A)	Meals: Breakfast $ 5.00	Meals: Lunch $ 9.00	Meals: Dinner $ 12.00	Meals: Total Cost (B)	Supplies Purchased	Cost of Supplies Supplies (C)	Auto Miles	Mileage Rate $ 0.32	Total Mileage Cost (D)	Lodging $60.00 (E)	Total Cost SUM(A,B,C,D,E)
TOTALS														**II**

PLEASE ENSURE THAT MATCH (I) IS AT LEAST 25 % OF PROJECT COSTS (II)

ATTACH COPIES OF ALL APPLICABLE INVOICES AND RECEIPTS

I declare and affirm under the penalties of perjury that this invoice has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

_____ Authorized LEPC Official Signature

_____ Date