APPENDIX B

AGENCY INVOICE REPORTING STATEMENT

53RD YEAR OF COMMUNITY DEVELOPMENT BLOCK PROGRAM

FEDERAL FISCAL YEAR 2026 ~ 2027

AGENCY NAME:_____ CONTRACT EXECUTION DATE, NO EARLIER THAN: 7/1/26 - 6/30/27

AGENCY PROGRAM: _____

AGENCY ADDRESS: _____

BILLING PERIOD: _____

NOTE: **TOTAL** ***REIMBURSEMENT MUST BE BASED ON THE PERFORMANCE-BASED REPORTING FORMULA(S) DESCRIBED IN APPENDIX A:***

	OUTPUT GOAL (A)	TOTAL FOR BILLING PERIOD (B)	TOTAL TO DATE (C)	BALANCE (A) – (C) = (D)
ACCOMPLISHMENTS **(UNDUPLICATED PARTICIPANTS SERVED)**				
EXPENDITURES	**$**	**$**	**$**	**$**

(ALL THE ABOVE EXPENSES ARE IN ACCORDANCE WITH THE SCOPE OF SERVICES AND TERMS OF THE CONTRACT.)

CERTIFIED BY: _____ TITLE: _____ DATE: _____

****NO REQUEST FOR REIMBURSEMENT WILL BE PROCESSED WITHOUT THIS FORM AND SUPPORTING DOCUMENTATION FOR THE EXPENDITURES****

OFFICE USE ONLY

REVIEWED BY FINANCIAL COMPLIANCE ASSISTANT: _____ DATE: _____

APPROVED BY DIVISION DIRECTOR: _____ DATE: _____

APPROVED BY DEPARTMENT DIRECTOR: _____ DATE: _____

ACCOUNT NUMBER: _____ PROJECT ID: _____