

**THE COMMUNITY PARTNERSHIP
Form 326 - Budgeting and Invoicing Form**

ATTACH MACHINE TAPE HERE

Created 07/18/2005

Month

Year

TCP Contract # _____ **Vendor Invoice #** _____ **Billing Period** _____

Project Name _____ **Project Address** _____ **Phone #** _____

Vendor Name & Headquarter Address

	A Approved Budget	B Expenses This Period	C Expenses Year To Date	D Balance (A-C)
				\$0.00
Supportive Services				\$0.00
Salaries				\$0.00
Payroll Taxes				\$0.00
Fringe Benefits				\$0.00
Consultants				\$0.00
Supplies				\$0.00
Equipment/Furnishings				\$0.00
Client Costs				\$0.00
Other Costs				\$0.00
Subtotal Supportive Services	\$0.00	\$0.00	\$0.00	\$0.00
Operating				
Salaries				\$0.00
Payroll Taxes				\$0.00
Fringe Benefits				\$0.00
Consultants				\$0.00
Supplies (including phone service)				\$0.00
Equipment/Furnishings				\$0.00
Occupancy				\$0.00
Utilities (gas, water, electric)				\$0.00
Repair/Maintenance				\$0.00
Insurance				\$0.00
Contracted Security				\$0.00
Other Costs				\$0.00
Subtotal Operating	\$0.00	\$0.00	\$0.00	\$0.00
Leasing				
Rent Subsidies				\$0.00
SUBTOTAL DIRECT COSTS	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Costs (___%) (max 10%)				
Grand Total	\$0.00	\$0.00	\$0.00	\$0.00

Report Prepared By _____ Signature _____

Approved By _____ Title _____

Signature _____ Date _____