

The Community Partnership for the Prevention of Homelessness
 Invoice Review Form

Initial Review by: _____

Date: _____

Provider Name: _____

Program Name: _____

Billing Period: _____

Invoice Effective Date: _____

Invoice Issues: _____

Corrected Documentation Received: _____

Invoice
 Adjustment Reason/Notes

| | Invoice Adjustment | Reason/Notes |
|--|-----------------------|--------------|
| Supportive Services | | |
| Personnel 6000 | | |
| Payroll Taxes 6005 | | |
| Fringe Benefits 6010 | | |
| Consultants 6015 | | |
| Travel/Transit 6020 | | |
| Supplies 6025 | | |
| Equipment 6030 | | |
| Communication 6035 | | |
| Printing 6040 | | |
| Postage/Delivery 6055 | | |
| Client Costs 6060 | | |
| Other Costs 6065 | | |
| Operating | | |
| Personnel 7000 | | |
| Payroll Taxes 7005 | | |
| Fringe Benefits 7010 | | |
| Consultants 7015 | | |
| Travel/Transit 7020 | | |
| Supplies 7025 | | |
| Equipment 7035 | | |
| Communication 7040 | | |
| Printing 7045 | | |
| Occupancy 7050 | | |
| Utilities 7055 | | |
| Repair/Maintenance 7060 | | |
| Postage/Delivery 7065 | | |
| Insurance 7070 | | |
| Contracted Security 7057 | | |
| Other Costs 7075 | | |
| Capital | | |
| Equipment > \$5,000 8450 | | |
| Leasing | | |
| Rent Subsidies 8000 | | |
| Indirect Costs (___%) (max 10%) | | |
| Advance Recoupment (1255) | | |
| Grand Total | - | |

Adjustment Approved by: _____

Original Invoice # _____

Adjusted Invoice # _____

Data Entry Completed

Session ID: _____