

Section 5310 / Senior Mini-Grant
Grantee Monthly/Quarterly Invoice Checklist

Grant Agreement #:

Project Name:

Grantee Name:

Grant Program (Circle One): Section 5310 / Senior Mini-Grant

Date Received:

Monthly / Quarterly Report (Circle One): _____

Cycle:

	Cost per unit
Proposal	\$
Current Period	\$
Cumulative	\$

	Match Percentage
Approved Budget	%
Actual	%

Report Generated by: SANDAG Project Manager

- Invoice packet submitted on time
- Progress Report complete including all performance data
- Provided key deliverables and project/ task updates
- Cost per Unit is within 130% of target (130% of [grantee's] target):
- Calculations, dates and formatting are correct
 - Unique invoice number included
 - Invoice date range is correct and invoice is dated
- Met minimum match percentage requirements
- All expenses are eligible
- No excluded costs invoiced
- Included all supporting documentation (receipts, timesheets, etc.)
 - Reimbursable
 - Matching funds (including in-kind)
- Includes mileage log (if applicable):

Notes: Supplemental documentation can be found at: