FINAL INVOICE

Water Quality Education & Outreach Mini-Grant Contract No. [Contract #]

Project Title:

Subcontractor:
Subcontractor **Name:**
Email:
Phone:
Mailing Address:

Pay to (if different) **Full Name:**
Mailing Address:

Preferred Payment Method: ▢ Check ▢ Bank Deposit

➔ **If bank deposit preferred, please provide:**

Bank Name & Address:
Account Number:
Routing Number:

MACD (Contractor) Contact: Madeline Larson, madi@macdnet.org, 406-443-5711

Date Final Invoice Submitted:

Total Mini-Grant Funds Awarded:

Total Invoice Amount:

Certification: *I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.*

This invoice/reimbursement request accurately reflects the specific service/tasks performed, supplies purchased, travel and amount of time spent on each service/task and that the service/tasks are in accordance with program requirements.

Signature: _____ Date:_____

Printed Name and Title:_____

Please submit this final invoice with your final report and all required attachments to Madi Larson, MACD Associate Director, at madi@macdnet.org. Your submission must include a complete project budget and documentation for all expenses and match claimed.