



# INVOICE FOR NEIWPCC

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Invoice #: \_\_\_\_\_  
 Invoice Date: \_\_\_\_\_  
 Project Code: \_\_\_\_\_  
 NEIWPCC Job Cost Code: \_\_\_\_\_

Bill to: NEIWPCC, Wannalancit Mills, 650 Suffolk Street, Suite 410, Lowell, MA 01854

Make check payable to: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Contract/Project title: \_\_\_\_\_  
 Contract Execution Date: \_\_\_\_\_  
 Period Covered by Invoice: From: \_\_\_\_\_ to \_\_\_\_\_

Task #	Task Title	Date task was completed	Contracted Cost of Task	Billed Amount*

\*Provide match documentation separately on the [Match Documentation form](#). If you are unable to provide the full match amount indicated in your workplan, contact your LCBP Project Officer.

**Itemized breakdown of total invoice:**

All tasks must be billed in full. Receipts are required for any task in which \$1,000 or more in Supplies or Professional Services were incurred. A Receipt Summary Form is required for reimbursement of those expenses. Please feel free to use this form or create your own but ensure that the NEIWPCC/LCBP Project Officer and the WRP Division Director can clearly review the receipts in comparison with your approved workplan.

Certification:

By signing this invoice, I certify to the best of my knowledge and belief that this invoice is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

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Signature \_\_\_\_\_ Name and title \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED INVOICE**

Date: \_\_\_\_\_  
 Project Code: \_\_\_\_\_  
 JCC: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Are QRs up to date? \_\_\_\_\_  
 Approved by: \_\_\_\_\_