FY2010-2011 FINAL INVOICE

Problem Gambling Mini Grant Program

	Location Code: 67DRUGPGMS
Grantee Information	
Date of Event or Service:	**Invoice Number:**
Name of Organization:	
Federal Tax Id Number/SSN:	**SAP Vendor Number:**
Complete Mailing Address:	
Contact Person:	
Telephone Number: ( )	**Fax Number: ( )**
E-mail Address:	

To receive reimbursement, the following must be enclosed:

- **Detailed Final Report**
- **Completed Invoice with expense documentation supporting line item amounts as identified in award letter**

Itemized activity expenses as submitted on approved budget:

#1:	Location	=	$
#2:	Speaker	=	$
#3:	Training	=	$
#4:	Educational Resources	=	$
#5:	Advertising and Media	=	$
#6:	Printing and Materials	=	$
#7:	Promotional Items with Gambling Message	=	$
#8:	Other: Specify	=	$
	TOTAL	=	**$**

***May not exceed award amount**

By signing below, grantee confirms expenditures for approved costs only and gives the Pennsylvania Department of Health permission to post the Grantee's contact information to the Department website (www.health.state.pa.us) as a Problem Gambling Program Grantee.

Grantee authorized signature/date: _____

Grantee printed name/title: _____

DOH Use Only:

I certify that the above expenses, services, materials, or products were actually incurred, rendered, or furnished for the use of the Commonwealth of Pennsylvania, and that the above prices charged are fair and reasonable.

_____ _____

Signature of Project Officer Date

Funding Code: 5020900000-6749101000-6603000