



- Contractor Type**
- Entity
 - Subrecipient
 - Contractor

Contractor Name:		Sector:	[Sector Name]
[Name]		Program/Area:	[Program Name]
		Contract No.:	[Number]
Contractor Address:		Invoice No.:	[Number]
[Address]		Invoice Date:	[Date]
		Invoice Amount.:	\$ -
Project:	[Description]		

Checklist

Contractor		Description
Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Invoice Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Invoice
<input type="checkbox"/>	<input type="checkbox"/>	Activity Detail / Canopy Reports (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of Payment or Certifications
<input type="checkbox"/>	<input type="checkbox"/>	Supporting documents of the work performed
<input type="checkbox"/>	<input type="checkbox"/>	Monthly Report
<input type="checkbox"/>	<input type="checkbox"/>	Procurement Procedure Compliance Self-Certification

Important Notice: Our entity has acknowledge the recordkeeping policies and the contractual clause and we hereby certify that we maintain in our archives all the original documents that have been submitted as part of this invoice. All documents are available for future monitoring, audits or other process performed by any entity.

Submitted by Contractor's Authorized Representative:

Position
Print Name
Signature
Date



STAFFING

[Sector Name]

[Program Name]

Contractor: [Contract Name] | Contract #: [Contract Number] | Invoice #: [Invoice Number]

Invoice Period: [Start date] to [End date]

Line Item	Name	Classification	Hours	Hourly Rate / Unit Price	Total Cost
1					\$ -
2					-
3					-
4					-
5					-
6					-
7					-
8					-
9					-
10					-
TOTAL					\$ -

The undersigned hereby certify:

(1) That all work related to this Activity Detail set forth above has progressed to the point where the task being invoiced merits payment from the PRDOH in accordance with contract terms and conditions; (2) That all supporting documentation related to the tasks herein have been uploaded to the Program's System of Record and is available for review by the PRDOH or its designees, where applies; (3) That no previous invoice submitted to the PRDOH has included a request for payment for the tasks herein invoiced; (4) The cost included are eligible for CDBG-DR funds, comply with Program requirements and HUD's eligibility. (5) That all staff herein invoiced has received a compensation for work performed in this invoice.

Certified By:

[Authorized Representative Signature]

Date



PROFESSIONAL SERVICES BY DELIVERABLES OR SERVICES

[Sector Name]

[Program Name]

Contractor: [Contract Name] | Contract #: [Contract Number] | Invoice #: [Invoice Number]

Invoice Period: [Start Date] to [End Date]

Line Item	Vendor Name	Contract Number	Invoice Number	Description of the Deliverable or Service	Total Cost
1					\$ -
2					-
3					-
4					-
5					-
6					-
7					-
8					-
9					-
10					-
Total					\$ -

The undersigned hereby certify:

(1) That all work related to this Activity Detail set forth above has progressed to the point where the task being invoiced merits payment from the PRDOH in accordance with contract terms and conditions; (2) That all supporting documentation related to the deliverables and services herein have been uploaded to the Program's System of Record and is available for review by the PRDOH or its designees, when applies; (3) That no previous invoice submitted to the PRDOH has included a request for payment for the deliverables and services herein invoiced; (4) The cost included are eligible for CDBG-DR funds, comply with Program requirements and HUD's eligibility. (5) That we have validated that all required information and certifications that support the authorization for payment of deliverables, works, task, milestones, etc. listed below in whole or in part have been properly documented in the Program's System, when applies. (6) That the staffing here invoiced has received a compensation for work performed. (7) That all materials, property, equipment, or services included in this invoice were contracted in compliance with all the requirements of the PRDOH's procurement policies and procedures.

Certified By:

[Authorized Representative Signature]

Date