

**Program:** Adult Reentry Grant  
**Contract #:** BSCC 123-20  
**Term:** 9/1/2020 TO 2/28/2023

**Grantee:** Board of State  
**Address:** 1234 ABC Street  
*Address Line 1*  
Sacramento, CA 91111  
*Address Line 2*

**Advance Payment #** 2 RA 2020  
**Effective Invoice #**

**Please Note:** The California State Controller's Office will send all checks directly to the address listed in the "BSCC Supplier Data" section at the bottom of this invoice.

Advance Payment Invoice	
<b>Total Grant Award:</b>	<b>\$ 519,525</b>
<b>2nd Advance Total:</b>	<b>\$ 173,175</b>
<b>Grant Award Balance:</b>	<b>\$ 173,175</b>

**PERSON PREPARING REPORT**

\_\_\_\_\_  
*Name, Title*  
\_\_\_\_\_  
*Phone*  
\_\_\_\_\_  
*Email*  
\_\_\_\_\_  
*Date*

**AUTHORIZED FINANCIAL OFFICER**

I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that it must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.

\_\_\_\_\_  
*Name, Title*  
\_\_\_\_\_  
*Phone*  
\_\_\_\_\_  
*Email*  
\_\_\_\_\_  
*Date*  
\_\_\_\_\_  
*Signature*

**BSCC USE ONLY**

Approved By: \_\_\_\_\_  
BSCC Field Representative  
  
Date: \_\_\_\_\_

**BSCC Supplier Data**

\_\_\_\_\_  
*Supplier Name*  
Board of State  
\_\_\_\_\_  
*Supplier Number*  
12345