|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | INVOICE Invoice #: 000Date: 01/01/2019 | | |
| To:Utah indigent defense commission 370 East South Temple, Suite 500  Salt Lake City, Utah 84111  Phone: (801) 532-3802  Fax: (801) 532-3897 |  | | for:IDC grant reimbursement Period: 4/1/2019 – 6/30/2019  Grantee Name: County/City Name | | |
| Cash Match / System required spending | | GMS CATEGORY | | annual rate | amountthis period |
|  | | Personnel | |  |  |
|  | | Fringe | |  |  |
|  | | Contracted | |  |  |
|  | | ESO | |  |  |
|  | | Travel | |  |  |
| Match Total: | | | | | $ |
| gRANT rEQUEST / REIMBURSABLE SPENDING | | GMS CATEGORY | | annual rate | amountthis period |
|  | | Personnel | |  |  |
|  | | Fringe | |  |  |
|  | | Contracted | |  |  |
|  | | ESO | |  |  |
|  | | Travel | |  |  |
| REIMBURSEMENT REQUEST TOTAL: | | | | | $ |
| TOTAL OVERALL SPENDING: | | | | |  |

Make all checks payable to: County/ City Name

If you have any questions concerning this invoice, contact: Name, phone, email