|  |  |  |
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|  |  | INVOICEInvoice #: 000Date: 01/01/2019 |
| To:Utah indigent defense commission370 East South Temple, Suite 500Salt Lake City, Utah 84111Phone: (801) 532-3802Fax: (801) 532-3897 |  | for:IDC grant reimbursementPeriod: 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