



City of Oakland  
Department of Human Services - Fiscal Services

Federal Award# 16F-5002

CFDA # 93.569

Invoice # \_\_\_\_\_ of 6

Period Ending: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

OAKLAND

ALAMEDA COUNTY

Mail signed original invoices:  
Alameda County - Oakland CAP  
150 Frank H. Ogawa Plaza, Ste. 4340  
Oakland CA 94612

**Attn: Payment Request**

**Grantee: Sample**

**ATTACH:** Expense Documents by Budget Category

Expense Budget Category	Approved Budget	Current Amount Requested	Previously Requested	Total Requested to Date	Unexpended Budget Balance
1	2	3	4 (Columns 3 + 4 from previous RFF)	5 (Columns 3 + 4)	6 (Column 2 - 5)
A. Personnel/Consultants	50,000.00		0.00	0.00	50,000.00
B. Other Direct Costs			0.00	0.00	0.00
C. Indirect Costs (12% Cap)			0.00	0.00	0.00
D. Subcontracts			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
<b>E. Program Total</b>	<b>50,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>50,000.00</b>

**Grantee:** I certify that the information contained in this request is correct and that the expenditures herein supported by attached payrolls, invoices, and proof of payment, were made in accordance with the conditions of the contract/MOU.

\_\_\_\_\_  
APPROVED BY (NAME) ED/CFO (TITLE) DATE

This form was prepared by (please print):

\_\_\_\_\_  
NAME / TITLE PHONE EMAIL

**AC-OCAP STAFF ONLY**

The above grantee has met the programmatic terms and conditions set forth in the contract/MOU and all supporting expense documents have been reviewed.

\_\_\_\_\_  
SIGNATURE TITLE DATE

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_