



DHPA REIMBURSEMENT INVOICE

Part of State Form 50866 (R23 / 4-24)
Indiana Department of Natural Resources
Division of Historic Preservation and Archaeology

For DHPA use only:

INVOICE # _____

Approved: _____

Name of Project: _____

Subgrantee: _____

Subgrant Number: _____

Billing period covered by this Reimbursement Invoice: _____

Provide documentation of 1) proof of costs incurred; and 2) proof of costs paid and attach to this cover form.

PARTIAL NUMBER _____	AMOUNT FOR THIS INVOICE
1. <input type="checkbox"/> Personnel	
2. <input type="checkbox"/> Fringe Benefits	
3. <input type="checkbox"/> Travel	
4. <input type="checkbox"/> Supplies	
5. <input type="checkbox"/> Design Fees	
6. <input type="checkbox"/> Advertisement	
7. <input type="checkbox"/> Construction / Contractual	
8. <input type="checkbox"/> Other: _____	
9. TOTAL COSTS (add Lines 1 thru 8) =	\$
10. Reimbursement Invoice Amount = (Multiply Line 9 by 50% or 70% Funding Ratio)	\$

This claim prepared and submitted by:

Signature of Preparer

Invoice Date (month, day, year)

Based on my knowledge of this project, I certify that the project costs listed on this form are adequately documented, and I believe that these costs are reasonable and appropriate for the work completed to date.

Signature of DHPA Program Area Staff

Approval Date (month, day, year)

Signature of DHPA Grants Staff

Approval Date (month, day, year)

Signature of DHPA Grants Staff

Approval Date (month, day, year)

Mail to: Division of Historic Preservation and Archaeology
Grants Staff
402 West Washington Street, Room W274
Indianapolis, IN 46204

For DHPA Use Only: Date Received: _____
[] Project Spreadsheet

TPM / Match Amount \$ _____

