

REMIT PAYMENT TO:

Grantee Name:
Street Address:
City, State, ZIP:
Phone:

Attn: Annie Kohut Frankel
Annie.Frankel@coastal.ca.gov
California Coastal Commission
455 Market Street, Suite 200, Room 228
San Francisco, CA 94105

INVOICE #
GRANT #
INVOICE PERIOD
SUBMITTED ON

PERSONNEL EXPENSES

POSITION TITLE	HOURS	RATE	TOTAL
BENEFITS			
SUBTOTAL PERSONNEL EXPENSES			

OPERATING EXPENSES

EXPENSE CATEGORY	DESCRIPTION, IF NEEDED	TOTAL
SUBTOTAL OPERATING EXPENSES		
OVERHEAD/INDIRECT EXPENSES (MAX 10% OF PERSONNEL EXPENSES)		
TOTAL DUE		

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

Signature: