**INVOICE FOR REVIEWER AGREEMENT**

Per the Reviewer Agreement of [insert date] between Montgomery County Government and [insert name of reviewer], I hereby invoice for payment of services in the amount below for completion of the contracted scope of work. I understand that payment will be processed within 30 business days of invoice approval by the Office of Grants Management.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Services Provided** | **Name of the NOFO for which applications were reviewed** | **Dates Worked** | **Number of Applications Reviewed** | **Fixed fee per application** | **Total** |
| Grant Review Services |  |  |  |  |  |

**Contractor Information:**

Supplier Name (must match CVRS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVRS Vendor ID: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exempt Commodity Code: 55532 Fund: 001 Cost Center: 27200 Account Code: 60532

|  |  |
| --- | --- |
| *Invoice Received By* | *Invoice Approved By* |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |