

Invoice Checklist for HOME

	Required Information:	Was the Information Present?	Comments/Notes:
1	City Contract Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Invoice Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Period Covered	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Work Done/Accomplishment Summary etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Written Document verifying that weekly payroll reports were reviewed and comply with approved wage determination	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Total Amount Requested	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	All Supporting Documentation (detailed in items 8-9 on the checklist)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	For personnel invoices: number of hours worked on the project and detailed summary of work performed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	For supplies and materials invoice: invoice from the vendor or company detailing the item(s)/services purchased and a copy of the developer's check.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Agreement Funding Balance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11	Progress Reports (detailed in items 12- on the checklist)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	Current Accomplishments associated with the invoice materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	

13	A percentage of overall work that is complete on the project	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
14	Steps required to reach project completion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
16	Estimated timeline for project completion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
17	Identify any issues/problems that may prevent the project from reaching completion in a timely manner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
17	Signature of Developer's Chief Financial Officer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
17	Verify the work was complete with onsite inspection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	