

FLORIDA COMMUNITY COLLEGES & WORKFORCE EDUCATION



STATE LEADERSHIP PROJECTS
Performance Invoice Form

Invoice # _____

Agency		Project #	
Project Title		Award Amount	
Name		Phone	
E-Mail		Fax	
Address		Zip	
City		County	
Performance Measures	Deliverables *	Amount	
Total Amount Requested for This Invoice			\$

*** Attach proof of documented allowable expenses for the performance measure(s) achieved that support the listed deliverable(s) and mail to:**

Florida Department of Education
Bureau of Grants Management
Sue Wilkinson
325 West Gaines Street, Room 325, Unit B
Tallahassee, FL 32399-0400

Signature of Agency Head
Submitting Invoice

Date