



**AGENCY NAME**  
 Department of Social Services  
 Att: Jana Engle  
 SNAP Division 10th Floor  
 55 Farmington Ave  
 Hartford CT, 06105

**VENDOR OR CLAIMANT (Payable to):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

INSTRUCTIONS TO VENDORS OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished. I further certify that the rendered have been provided without discrimination and in full compliance with the terms and conditions of our grant from DSS. I additionally certify that the funds being used as match are non-federal funds and are not being used as match for another Federal program.

By: \_\_\_\_\_  
 Printed Name Title

\_\_\_\_\_  
 Signature Date

FEDERAL ID NO. \_\_\_\_\_ DUNS \_\_\_\_\_

DESCRIPTION		
INVOICE BILLING PERIOD:	FROM: _____	TO: _____

1 A. TOTAL # OF SNAP E&T PARTICIPANTS SERVED: _____		
DIRECT COST	100% Funds	50% Funds
2 SALARIES		
3 FRINGES		
4 SUPPLIES		
5 POSTAGE		
6 PRINTING		
7 LEASE/ SPACE RENTAL*		
8 UTILITIES*		
9 SNAP SPECIFIC PROGRAM MARKETING		
10 SNAP TRAINING		
11 ACCOUNTING/ AUDIT SERVICES*		
12 SUPPORT SERVICES (CHILD CARE, TRANSPORTATION, OTHER)		
13 TUITION/ FEES		
14 BOOKS		
15 MAINTENANCE/ REPAIRS*		
16 SNAP RELATED TRAVEL		
17 <b>TOTAL DIRECT COST:</b>	<b>\$0.00</b>	<b>\$0.00</b>
INDIRECT COST		
18 <b>INDIRECT COST RATE PERCENTAGE:</b> 70%	<b>TOTAL INDIRECT COST:</b>	<b>\$0.00</b>
	<b>TOTAL COST:</b>	<b>\$0.00</b>
	<b>REIMBURSEMENT REQUEST, 50% Funding:</b>	<b>\$0.00</b>
	<b>REIMBURSEMENT REQUEST, 100% Funding:</b>	<b>\$0.00</b>
	<b>TOTAL REIMBURSEMENT REQUESTED:</b>	<b>\$0.00</b>

REVISION DATE: JULY 2018