



**AGENCY NAME**

Department of Social Services  
 Att: Robyn Letourneau/Allison Forsyth  
 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	<b>A. TOTAL # OF SNAP E&amp;T PARTICIPANTS SERVED:</b>		
	<b>DIRECT COST</b>	<b>100% Funds</b>	<b>50% Funds</b>
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>
	<b>INDIRECT COST</b>		
18	<b>INDIRECT COST RATE PERCENTAGE:</b> 71%	<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: DECEMBER 2022