

**COUNTY OF LOS ANGELES - COMMUNITY AND SENIOR SERVICES
WORKFORCE INVESTMENT ACT**

FINAL-FINAL INVOICE

CONTRACT NOS: _____

ADULT: _____ DISLOCATED WORKER _____

INVOICE PERIOD _____

AGENCY NAME: _____

PREPARED BY: _____ PHONE: _____

RECAP OF COST

CHARGES	Administration Cost 3%	Program Costs				GRAND TOTAL
		Core	Intensive	Training	Total	
Current Budget						
Prior Period						
Current Period						
Cumulative						
Total						

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld for wages of persons employed by this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Prepared By _____

Title _____

Date _____

Phone _____

Authorized
Signature _____

Date _____

