[YOUR LETTERHEAD HERE with Agency’s Legal Name]

|  |  |
| --- | --- |
| Invoice # [ever unique #] | [DATE] |

|  |  |
| --- | --- |
| Bill To |  |
| Massachusetts Department of Elementary and Secondary Educationc/o Donna Shannon, Matt Deninger, and Megan Evans75 Pleasant StreetMalden, MA 02148Email: ASESGrants@mass.gov | Ref: **EAASES-Workforce-FY23** |
|

|  |  |
| --- | --- |
| Bill From |  |
| Your Agency’s Legal NameYour Business Official/CFOYour AddressYour Massachusetts Vendor Code # |  |

 |  |

|  |  |  |
| --- | --- | --- |
|  |  | **Dates of Service** |
|  |  | **Amount of EAASES-III $ *incurred* from 7/1/2022 to date of this invoice** | **Amount of *Estimated Spending* from the day after this invoice to 6/30/2023** |
| *Categories for Payroll Support* |  | *$ Amount* | *$ Amount* |
| Recruitment of Eligible staff: increased starting salaries |  |  |  |
| Recruitment of Eligible staff: signing bonuses |  |  |  |
| Recruitment of Eligible staff: other incentives |  |  |  |
| *Recruitment Subtotal* |  |  *$ -*  |  *$ -*  |
| Retention of Eligible staff: salary increases |  |   |   |
| Retention of Eligible staff: overtime |  |   |   |
| Retention of Eligible staff: other incentives |  |   |   |
| *Retention Subtotal* |  |  $ -  |  $ -  |
| Other non-workforce COVID costs (PPE, technology, etc.) |  |   |   |
| *Other Subtotal (can't be more than 10% of allocation)* |  |  $ -  |  $ -  |
|  |  |  |  |
| *TOTAL* |  |  $ -  |  $ -  |

Invoice request: [AMOUNT]

**Certification**

By signing this invoice, our organization certifies the following:

1. I certify to the best of my knowledge and belief, the information contained in this invoice is true and correct. I further understand that knowingly making a false statement or misrepresentation on this invoice may subject me to criminal or civil penalties under applicable State and Federal laws.
2. I understand that this program is subject to an audit at any time and certify that our organization would be able to produce all receipts and other necessary documentation to support the allowable expenditures made during the 2022-2023 school year and claimed on this invoice.
3. I certify that the expenses accounted for in this invoice have not already been reimbursed by another state or federal funding source.

|  |
| --- |
| [signature] |

Signature of Business Official or Chief Financial Officer