FORM 8

COST CERTIFICATION FORM FOR MATERIALS AND SERVICES

GRANTEE: _____ GRANT YEAR: _____

PROPERTY ADDRESS: _____ DRAW #: _____

INVOICE DATE	MATERIALS/SERVICES (No Tools or Appliances)	VENDOR	INVOICE NUMBER	INVOICE AMOUNT (No Tax to be paid)

TOTAL THIS REQUEST: $_____

_____ DATE: _____

Grantee Program Officer Signature

_____

Grantee Program Officer Typed Name & Title

Beneficiary Name: _____ PAGE _____ of _____ - Cost Certification

Address: _____

INVOICE DATE	MATERIALS/SERVICES (No Tools or Appliances)	VENDOR	INVOICE NUMBER	INVOICE AMOUNT (No Tax Paid on Agency Purchases)