

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
MONTHLY INVOICE COVER SHEET - REFUGEE SERVICES PROGRAM  
G-1213-17-0228**

<p>1. <u>Educational Service Center of Central Ohio.</u> <b>Grantee Agency Name</b></p> <p>4. <u>Refugee School Impact</u> <b>Grant Name</b></p> <p>7. <u>2080 Citygate Drive</u> <b>Grantee Agency Address</b></p> <p>10. <u>Columbus, Ohio 43219</u> <b>City, State, Zip Code</b></p> <p>13. <u>0000047399</u> <b>Vendor ID Number</b></p>		<p>2. <u>G-0664-SFY13-_____</u> <b>Invoice #</b> <i>*(must enter corresponding billing month number)</i></p> <p>5. <u>0000014261</u> <b>Purchase Order #</b></p> <p>8. <u>93.566</u> <b>CFDA #</b></p> <p>11. <u>614-753-4650</u> <b>Phone Number</b></p> <p>14. _____ <b>Billing Month &amp; Year</b></p> <p>3. <u>G-1213-17-0664</u> <b>Contract #</b></p> <p>6. <u>31-0914093</u> <b>Federal ID #</b></p> <p>9. <u>Marie Ward</u> <b>Contact Person</b></p> <p>12. <u>614-445-3767</u> <b>Fax Number</b></p> <p>15. _____ <b>Date of Submission</b></p>
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**SUMMARIZED EXPENDITURES BY GRANT DELIVERABLES**

16. Dates	17. Expenditures Summary	18. Amount
<b>19. TOTAL Amount Requested This Period</b>		

**20. NOTE:** If no expenditures submitted, please submit an explanation

21. \_\_\_\_\_  
**Grantee Authorized Signature**  
*(Please sign in blue ink)*

22. \_\_\_\_\_  
**Date**

**FOR OFFICE OF FAMILY STABILITY USE ONLY**

23. APPROVED: \_\_\_\_\_ 24. NOT APPROVED: \_\_\_\_\_ 25. DATE: \_\_\_\_\_

26. ODJFS AUTHORIZED SIGNATURE: \_\_\_\_\_ 27. DATE: \_\_\_\_\_

\* **NOTE:** Please attach appropriate back-up/detailed documentation as described in ARTICLE I and ARTICLE II of your contract/grant agreement. Please **HIGHLIGHT ALL APPLICABLE EXPENSES**

\* Item #2 (Invoice #) Providers **MUST ENTER** a corresponding billing month number following the provided number. For example, If your billing month is January 2013, your invoice number would be G-0667-SFY13-01, for February 2013 it would be G-0667-SFY13-02, for October 2013 it would be G-0667-SFY13-10, etc.