

**PRIME RECIPIENT VENDOR INVOICE REPORT  
AMERICAN RECOVERY AND REINVESTMENT ACT**

Check off on the items included:     Job Created Reporting Form (Required)     Additional Entry Form (if applicable)     Invoices and Supporting Documentation

<b>1. Prime Recipient Vendor Award Begin Date (mm/dd/yy)</b>	<b>2. Prime Recipient Vendor Award End Date (mm/dd/yy)</b>	<b>3. Prime Recipient Vendor DUNS Number</b>	<b>4. Project Location</b>
--	--	--	----------------------------

<b>5. Invoice Report Period Covered</b> From: (Month, Day, Year)      To: (Month, Day, Year)	<b>6. "x" the applicable box</b>  <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL
---	---

**7. PRIME RECIPIENT VENDOR NAME AND ADDRESS**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

**8. PROJECT LOCATION**

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

**9. ARRA Funds Awarded:**

<b>10. Total ARRA Paid Hours:</b>	<b>11. Total Full Time Hours in Period:</b>	<b>12. Total ARRA Payroll:</b>
-----------------------------------	---	--------------------------------

13. Project or Activity Data (If more space is need, please attach and submit the additional entry form)		
Project or Activity Description	Funds Spent	Completion Status
<b>TOTAL</b>	<b>\$0.00</b>	

**14. Comments:** (No work performed, state the reason why)

Organization Name	Award Project Name
-------------------	--------------------

Signature	Date
-----------	------

Name and Title of Authorized Official (Printed)

(OFFICE USE ONLY)			
<u>Fund Source</u>	<u>Project</u>	<u>Project Number Description</u>	<u>Federal Grant ID</u>
<u>Date Received</u>	<u>Date Processed</u>	<u>Signature</u>	<u>Initial</u>

## Prime Recipient Vendor Invoice Report Instructions

A Vendor is defined as a dealer, distributor, merchant, or other seller providing goods or services that are required to execute a Federal program. Prime Recipients may purchase goods or services needed to carry out the project or program from Vendors.

The Prime Recipient Vendor Invoice Report is to be completed and submitted upon invoicing. Payment processing will begin upon receipt of all proper documentation (Invoice Report, Invoice, Job Calculation Worksheet(s), supporting documents). By signing this Report, you certify that to the best of your knowledge and belief the data on the reverse is correct. The report may be submitted by one of the following:

By Email: [William Lee Brown](mailto:William.Lee.Brown@ga.gov)  
By Fax: (478) 751-6545  
By Mail: Georgia Forestry Commission (ARRA)  
5645 Riggins Mill Road  
Dry Branch, GA 31020  
Attn: William Lee Brown

<i>Item</i>	<i>Entry</i>
1	<b>Prime Recipient Contractor Award Begin Date:</b> Enter the month, day and year the Recipient was approved for ARRA Funds.
2	<b>Prime Recipient Contractor Award End Date:</b> Enter the month, day and year the ARRA Funds will be expensed and the project completed.
3	<b>Prime Recipient Contractor DUNS Number:</b> The unique nine-digit number issued by Dun & Bradstreet. Followed by the optional 4 digit DUNS Plus Number. If you do not have a DUNS Number, Name and Zip Code must be completely filled out.
4	<b>Project Location (County or Federal Congressional District):</b> State the county where the project occurs. If the project performed for federal lands, provide the Federal Congressional District.
5	<b>Invoice Report Period Covered:</b> Enter the dates covered by the individual invoice.
<b>NOTE -</b>	<b><i>A report is to be completed and filed for each Invoice. Failure to do so will result in late payments and/or possible Grant Termination.</i></b>
6	<b>"x" the applicable box:</b> Mark the appropriate box that applies to the current report. Incomplete projects should be marked PARTIAL while completed Grant Projects are to be marked FINAL.
7	<b>Recipient Name and Address:</b> The name and address of firm shall include the name, street address, city, state, zip code, and phone number for the contractor.
8	<b>Project Location:</b> The address of the actual project activity.
9	<b>ARRA Funds Awarded:</b> The total amount of Funds Awarded to Recipient.
10	<b>Total ARRA Paid Hours:</b> The total hours on the specified project for all employees on the workforce that month, that were funded by the ARRA "Recovery Act."
11	<b>Total Full Time Hours in Period:</b> The total number of hours of full time employment during the month. Ex) Enter the normal work days x 8 hours/day = Total full time hours in Period
12	<b>Total ARRA Payroll:</b> The total dollar amount of wages paid that month for employees on the specified project.
13	<b>Project or Activity Data:</b> Enter a description for every project or activity, along with the amount of funds spent on the project or activity and the status of completion. State the percentage of project completion. (EXAMPLE - Not Started, less than 50% completed, completed 50% or more, Fully Completed). If additional space was needed, complete the additional entry form and enter total on Sub-Recipient Reporting form.
14	<b>Comments:</b> Discuss any project specifics or any other information that needs to be brought to attention here.

