

Payment Info	Grantee Organization Name		Contract Number		FEIN #	
	Remit Payment To	Street Address/PO Box	City		State	ZIP Code
	Invoice Number DVS	Contact Person Name			Phone Number () - X	
	Instructions for Invoice Number: Enter the last two digits of the year, last three digits of contract number, and a two digit number for sequence. Example: Year is 20 21 , Contract is ER 13021 DV02 , this is the fifth invoice submitted = " DVS21V0205 ".					

Funding	Contract Funding Period		Invoice Period	
	Contract Period Award Amount		Organization's Contract Match Amount	
	Funding Period Expenditures to Date		Match Amount Expended	
	Remaining Funding Period Balance		Remaining Match to Meet	

Requested Expenditures Reimbursement	Section	Total Amount	Match Amount	Federal Amount
	Personnel			
	Benefits			
	PRN			
	Volunteers			
	On-Call Volunteers			
	Travel/Training			
	Equipment			
	Supplies & Operations			
	Contractual			
	Indirect Cost			
	TOTALS			
			Total Federal Amount To Be PAID	

VOCA Data	1	Total number of VICTIMS SERVED for the invoice period.....		
	2	Out of the total number of VICTIMS SERVED, how many of those victims were “NEW” for the invoice period		
	3	Total number of hours spent on VOCA.....	a. Paid Staff	_____ Hours
			b. Volunteers	_____ Hours
	4	Specify the dollar amount in this month’s invoice that is allocated to the following categories: Child Abuse, Domestic Violence, Sexual Abuse, and Underserved. HINT: The “Total Federal Amount” from this section needs to equal the Total Federal Amount to be PAID from the bottom of the previous section.	Child Abuse	
			Domestic Violence	
			Sexual Abuse	
			Underserved	
Total Federal Amount				

Approved Trainings Attended for this Invoice. (If you have more attendees, attach additional sheet.)			
Training Information	Name of Training	Name of Who Attended	Position of Attendee
	Name of Training	Name of Who Attended	Position of Attendee
	Name of Training	Name of Who Attended	Position of Attendee
	Name of Training	Name of Who Attended	Position of Attendee

Signatures	Organization Authorized Signature (Sign in black or blue ink)	Title of Organization's Signatory	Date (MM/DD/YYYY) ____/____/____
	VOCA Staff Signature (This section will be completed when form is processed)		Date ____/____/____

HOW TO SAVE AND SUBMIT THIS INVOICE

- Save a blank copy of this INVOICE form to your computer: Example format "DVS21V0205";
- This is a fillable form - Once you have completely filled out this form, you may press the "PRINT" button below and sign or sign using an electronic signature;
- Follow instructions below for submission.

If Submitting VOCA Invoice form via email:

- Sign and complete the "Signature" area in black or blue ink - leave gray area blank;
- Scan the invoice form to your computer and name it by using the invoice number;
EXAMPLE: "DVS21V0205"
- Open your email and start a new message;
- Address the message to:
DSS.FSD.DVSSInvoices@dss.mo.gov
- Attach the invoice to the email then press send; and
- Check your mail box to be sure no error messages were received

If Submitting VOCA Invoice form via U.S. Post

- Sign and complete the "Signature" area in black or blue ink - leave gray area blank;
- Place completed invoice form into an envelope and seal it;
- Address the envelope to:
DSS/FSD
PO Box 2320
Jefferson City, MO 65109
- Write your return address on envelope;
- Calculate and affix correct postage to envelope; then
- Place into a U.S. Postal Service mailbox.

FOR QUESTIONS OR ADDITIONAL GUIDANCE

Please email DSS.FSD.DVSSInvoices@dss.mo.gov