

# **FORM 5-02A** **JOB CORPS INVOICE BACK-UP SHEET (FOR CRA ONLY)**

**Job Corps Center**

## **JOB CORPS INVOICE BACK-UP SHEET (for CRA only)**

Invoice No.: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Invoice For Rating

Period: \_\_\_\_\_

Cumulative CRA Funded as per Modification # : \_\_\_\_\_ \$ \_\_\_\_\_

Cumulative CRA Funding Expended per **Previous** Invoice # : \_\_\_\_\_ \$ \_\_\_\_\_

### **CRA Project Break-Down This Invoice (one line per deficiency number):**

|             |  | Please Check One |  |     |                          |     |                          |            |  |               |    |  |          |    |  |
|-------------|--|------------------|--|-----|--------------------------|-----|--------------------------|------------|--|---------------|----|--|----------|----|--|
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |
| Orig. Mod # |  | Deficiency #:    |  | B1a | <input type="checkbox"/> | B1b | <input type="checkbox"/> | Acct Code: |  | Orig. Funding | \$ |  | Invoiced | \$ |  |

**TOTAL CRA AMOUNT FOR THIS INVOICE** \$ \_\_\_\_\_

(Should match amount on cover invoice)