Agency Name:							
Grant Number/Year:							
Expenditures From :				Through:			
SALARY EXPENSES - INVOICE TRACKING FORM							
Date of Invoice	Check Date	Budget Line #	Paid to the Order of and Type of Expenditure		Check Number	Check Amount	

TOTAL	\$0.00

Due with Monthly Reimbursement/Expenditure Report

CSA-2.1A2 - Salary Expenses - Invoice Tracking Form - Revised (08/2015) Incorporated by reference at rule 2A-9.006(7)(c), F.A.C.