

**EXHIBIT B: ATTACHMENT 2  
 Sample Invoice**

(This is an example only; grantees are only required to submit the information as described in Exhibit B, Attachment 1)

**INVOICE #:**  
**CALFED SCIENCE PROGRAM PROJECT NUMBER:**  
**PROJECT TERM:**  
**PROJECT TITLE:**

**INVOICE SUMMARY** (All tasks should exactly match those identified in the Scope of Work.)

TASK / SUBTASK	% (\$) COMPLETE	AMOUNT INVOICED (current fiscal year)	AMOUNT INVOICED TO DATE (all fiscal years)	AMOUNT REMAINING IN AGREEMENT	PROJECTED EXPENDITURES (remainder of fiscal year)	10% RETENTION AMOUNT, THIS INVOICE (if applicable)	<b>TOTAL INVOICE, (less retention)</b>
Task 1							
Task 2							
Task 3							
Totals							

**PROJECT STATUS TO DATE (BY TASK)**

This should be a cumulative overview of the activities performed to date and include both current and past information for each task. Please list all new information at the top of each task section so that it is clear which information is the most recent. At the end of the project, this section will serve as a full historical record of all activities performed on the project.

TASK 1:

TASK 2:

TASK 3:

**Note:** Invoices shall include the Grant Number (U05SC038) and shall be submitted in triplicate not more frequently than monthly in arrears to:

California Bay-Delta Authority  
650 Capitol Mall, 5th Floor  
Sacramento, California 95814-4718  
Attn: Accounting Officer

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TOTAL AMOUNT DUE