San Francisco Department of
Early Childhood

DEC Invoice Exception Request Form

Prior-month, retroactive, future/prepaid, and other invoice exceptions

Submit this request before including the exception on an invoice. Approval is not automatic and does not authorize costs that are otherwise unallowable, outside the grant term, or over the approved contract/funding category. Attach supporting documentation and retain the written DEC decision with invoice support.

Request Information

Grantee Name		**Grant/Program**	
Requested by		**Requestor Email**	
Request Date		**Invoice Month to be Adjusted**	

Type of Invoice Exception

- ☐ Prior-month / delayed expense
- ☐ Retroactive invoice adjustment/correction
- ☐ Future / prepaid expense request
- ☐ Prior-year expense after normal closeout timeline
- ☐ Reclassification between line items/months
- ☐ Other invoice exception

Expense / Invoice Details

Original Month Incurred		**Proposed Invoice Month**	
Expense Category / Line Item		**Vendor / Payee**	
Date Incurred		**Date Paid (if applicable)**	
Total Expense		**Amount Requested from DEC**	
Current Line-Item Balance		**Funding Category Balance**	

Supporting Documentation

- ☐ Invoice/receipt/source document attached
- ☐ Proof of payment attached, if applicable
- ☐ Allocation calculation attached, if shared
- ☐ Budget/CMS line-item detail attached or referenced
- ☐ Related prior approval/authorization attached, if applicable
- ☐ Other supporting documentation attached

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Reason for Exception

Explain why the expense was not invoiced in the proper month or why the exception is needed.

Grant Alignment & Allowability

Explain how the cost supports the grant and why it remains allowable, reasonable, and within the period/fi

Correction / Invoicing Plan

Describe how the approved exception will be reflected in CMS and reconciled to supporting documentation.

Grantee Certification

☐ I understand approval of this exception does not authorize an otherwise unallowable cost or increase the total grant/funding category.

☐ The information and supporting documentation provided are complete and accurately identify the period in which the cost was incurred.

Authorized Requestor Name/Title: Date:

Department of Early Childhood (DEC) Determination

☐ Approved ☐ Approved with Conditions ☐ Denied **Approved Amount:**

Budget Revision / Modification Required?	☐ Yes ☐ No	**Approval / Effective Date:**	

Conditions / Limitations / Reason for Denial:

Program Officer/Manager Name: Signature / Initials: Date:

Prior-month expenses require Program Officer approval before being included on an invoice. Late prior-year reimbursement may be considered case-by-case and