

**INVOICE**  
(See Reverse for Instructions)

California Department of Public Health  
Cancer Prevention and Nutrition Section  
Mail Station 7204  
P.O. Box 997377  
Sacramento, CA 95899-7377

Date: \_\_\_\_\_

**Contractor Name/Address (to send warrant)**

Check if remittance address changed since last Invoice

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check for Final Invoice Contract Term  ]  
Check for Final Invoice Fiscal Year  ]

Contract Number: \_\_\_\_\_  
Contract Term: \_\_\_\_\_  
Invoice Period: \_\_\_\_\_

Telephone: \_\_\_\_\_

Budget Categories (1)	Approved Budget (2)	Actual Expenses This Period (3)	Cumulative Expenses to Date (4)	Unexpended Balance (5)
A. PERSONNEL SALARIES				-
B. FRINGE BENEFITS ___% of Personnel Salaries				-
C. OPERATING EXPENSES				-
D. EQUIPMENT EXPENSES				-
E. TRAVEL AND PER DIEM (at State DPA rates)				-
F. SUBCONTRACTS				-
G. OTHER COSTS				-
H. INDIRECT COSTS ___% of _____				-
TOTAL EXPENSES	-	-	-	-
TOTAL PAYMENT REQUESTED		-		

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

\_\_\_\_\_  
Signature of Authorized Accounting Representative Date

**FOR STATE USE ONLY**

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

\_\_\_\_\_  
Signature of Authorized CPNS Staff Date

CALSTARS CODING (FOR STATE USE ONLY)																					
Fiscal Year	PCA					Index					Object Code	Agency Object	Project Number					Work Phase			
	5	1	1	0	5	5	3	1	2	7	0	2	0	3	R	5	1	1	0	3	

## INVOICE INSTRUCTIONS

### TOP SECTION

Fill in the date, Contractor name, address (where warrant is to be mailed), telephone number, contract number, and contract term. Be sure to check the box if payment address differs from address on the actual contract and submit a letter to the Cancer Prevention and Nutrition Section (CPNS) indicating your new payment address.

For each of the Budget Categories below, provide only the total of actual expenses, **do not round off figures**.

### COLUMN 1 - BUDGET CATEGORIES

- A. Personnel Salaries: Include all expenses associated with all personnel positions listed in the budget justification. Do not provide the detail for each position.
- B. Fringe Benefits: Complete the fringe benefits line item in accordance with the contract budget utilizing actuals per personnel positions. Provide the actual fringe benefits percentage rate for the invoice period in the space provided and calculate the actual amount as a percentage of the Personnel Salaries line item.
- C. Operating Expenses: Include all expenses associated with the items identified in the budget justification.
- D. Equipment Expenses: Include the purchase costs of any equipment listed for this line item in the budget justification. Be sure to send the completed Contract Equipment Purchased with CDPH Funds form along with the Invoice to CPNS.
- E. Travel and Per Diem: Include travel expenses incurred in accordance with the contract under Department of Personnel Administration (DPA) Travel Reimbursement Information.
- F. Subcontracts: Include costs associated with subcontractors to do specialized tasks in conformance with the contract Scope of Work and Federal Share Budget. Itemize if total exceeds \$50,000 and attach subcontractor budget(s); otherwise, provide only a total of actual expenses and do not round off figures. Include an attachment if space is not sufficient.
- G. Other Costs: Include all expenses associated with the subcategory line items identified in the budget justification. Itemize if total exceeds \$50,000; otherwise, provide only a total of actual expenses, do not round off figures. Include an attachment if space is not sufficient.
- H. Indirect Costs: Complete the indirect costs in accordance with the contract budget (not to exceed 25% of total personnel expenses). Provide the actual indirect costs percentage rate billed for the Invoice period and the basis for the calculation (e.g. Total Personnel Expenses, Total Direct Costs, etc.), in the space provided.

Total Expenses: This is the sum of line items A -H.

Total Payment Requested: This amount reflects the sum requested for Invoice payment.

**COLUMN 2 - APPROVED BUDGET:** This is the approved contract Federal Share Budget. Amounts entered in this column should be identical to the approved contract Federal Share Budget and cannot be changed without prior approval by CPNS.

**COLUMN 3 - ACTUAL EXPENSES THIS PERIOD:** Use this column to record the actual Federal Share expenses for each line item during the Invoice period. For budgeted line items that do not have expenditures during the Invoice period, signify with -0-. For line items without an allocation, indicate N/A (does not apply) on the line item. Attach an additional sheet if further explanation for any line item(s) is necessary.

**COLUMN 4 - CUMULATIVE EXPENSES TO DATE:** This column is the total of all expenses paid under the contract through the current Invoice period.

**COLUMN 5 - UNEXPENDED BALANCE:** The amount in this column should be the difference between Column 2 (Approved Federal Share Budget) and Column 4 (Cumulative Expenses to Date). Column 2 - Column 4 = Unexpended Balance (Column 5).

**SIGNATURE SECTION:** Original signature of authorized accounting representative and the date must appear on the Invoice. Use a pen color other than black ink (BLUE ink is recommended) for original signature.

Revised 8/15/08