

Exhibit B – Attachment I

(SAMPLE INVOICE)

USE YOUR OFFICIAL COMPANY LETTERHEAD

Date: (Must be after last day of billing period)

Janice Byers
California Department of Public Health
Genetic Disease Screening Program
850 Marina Bay Parkway, Room F-175, Mail Stop 8200
Richmond, CA 94804

Contract Number: **11-SCXXX**
Invoice Number: XX (Number invoices beginning with 01)
Billing Period : (Use inclusive dates: July 1, 2011 to September 30, 2011)
Project Title: Example: Sickle Cell Special Care Center
(Newborn Screening Program)

Description

of Cases:

| | | | |
|-----------|--|------------------------------|--------------------------|
| <u>5</u> | New Case Referrals | \$250.00 per case | \$1,250.00 |
| <u>10</u> | Annual Patient Summary | \$250.00 per case | \$2,500.00 |
| | Base Allocation (one-fourth amount) | | \$3,125.00 |
| | | Total Invoice Amount: | <u>\$6,875.00</u> |

Date

Signature
(Name and Title of above signature)