

Community Based Prevention

Sample Monthly Invoice

Company Name:

Address:

Date:

Category: Community Based Prevention

Remit to Address:

Agency Invoice Number:

Boston Public Health Commission PO# Enter new PO#

Activity#: TBA

Billing Period: 7/1/11--7/31/11

Ship To: Accounts Payable
1010 Massachusetts Ave. 6th Floor
Boston, MA 02118

Bill To: Boston Public Health Commission
Attn: Account Payable
1010 Massachusetts Avenue
Boston, MA 02118

Program Component	FTE	Budget (A)
-------------------	-----	---------------

PROGRAM STAFF - NAME		
Program Director (B. Thompson)	0.05	\$4,000
Program Coord. (D. Johnson)	0.25	\$10,000
Clinical Supervisor - (L. Valdez)	0.75	\$22,000

Sub-total	1.05	\$36,000
Fringe	30.00%	\$10,800
Totals		\$46,800

OTHER DIRECT CARE/PROGRAM		
Office Supplies		\$10,000
Education Supplies		\$10,000
Travel		\$3,000
Food		\$4,284

Expense Total		\$27,284
Program Total		\$74,084
Indirect	12.00%	\$8,890

TOTALS		\$82,974
---------------	--	-----------------

Amount this Invoice (B)	Cumulative Billing (C)	Remaining Balance (D)
\$333	\$333	\$3,667
\$1,250	\$1,250	\$8,750
\$1,417	\$1,417	\$20,583
\$3,000	\$3,000	\$33,000
\$900	\$900	\$9,900
\$3,900	\$3,900	\$42,900
\$1,000	\$1,000	\$9,000
\$500	\$500	\$9,500
\$50	\$50	\$2,950
\$500	\$500	\$3,784
	\$0	\$0
\$2,050	\$2,050	\$25,234
\$5,950	\$5,950	\$68,134
\$714	\$714	\$8,176
\$6,664	\$6,664	\$76,310

MONTH TOTAL

\$6,664	FOR INFECTIOUS DISEASE BUREAU USE ONLY
----------------	---

Please Pay This Amount

I certify that the actual bills and payroll documentation attached are expenditures solely associated with the Education & Outreach Office Contract.

USE APPROVED FOR PAYMENT

AMOUNT:

ACTIVITY:

PO #:

DATE:

SIGN:

Please sign in blue ink.
Program Director/Financial Authorization

Prepared by (Please print): _____ Phone: _____

Contact Name & Number
Email