

SAMPLE INVOICE COVER LETTER

(Re-create and Print on Agency's Official Letterhead)

Please replace or remove all non-essential red text prior to invoice submission

California Department of Public Health
Maternal, Child and Adolescent Health (MCAH)
Attn: (Insert Contract Manager Name)
1615 Capitol Avenue, MS Code 8305
P.O. Box 997420
Sacramento, CA 95899-7420

RE: Invoice Submittal for MCAH (Insert Program Name) Agreement (Insert Number)

Enclosed for payment is our Fiscal Year (FY) _____ (1,2,3,4) identify applicable
quarter number) (Quarterly and/or Supplemental) invoice in the total amount of
\$_____, which covers the period of _____ through
_____ (inclusive dates) for services rendered pursuant to the terms and
conditions established in the above referenced Grant Agreement.

Note: if reimbursement is being requested for costs not identified in the current
approved budget, please provide additional clarification in this section. If submitting I&E
invoice, please attach time study summary sheets for each staff claiming Federal
Financial Participation.

Sincerely,

(ORIGINAL SIGNATURE)

Person Authorized to Sign Cover Letter
Title

Sample Cover Letter For Invoice Submission

TD Snyder



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