

# 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

**EW Minium**



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