Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
EXPENDITURE DETAILS for REIMBURSEMENT INVOICE FORM

http://www.cdphe.state.co.us/StandardizedInvoice/index.html

Contractor/ Vendor Invoice #	THE PERFECT INVOICE!
FEIN	
PO/ Encumbrance #	

Contractor Name	YOUR ORGANIZATION name here	
Invoice Period	07/01/12	7/20/2012
Final Invoice		s it's the 12th Month (Jul

To:	Colorado Dept of Public Health and Environment	**From:**	YOUR ORGANIZATION name here
CDPHE Program:	Title X	**Contact Name:**	Fiscal Contact Name here
CDPHE Contact:	Jody Camp	**Address:**	
Mail Code:	6200		
Address:	4300 Cherry Creek Drive South		
City:	Denver	**City:**	
State:	CO	**State:**	
Zip Code:	80246	**Zip Code:**	
Fax:	303-691-7957	**Fax:**	
Telephone:		**Telephone:**	
Email:	Cdphe.pswomenshealth@state.co.us	**Email:**	

Expenditure Categories				**Match or In-Kind (If Applicable)**	**Total Amount Requested from CDPHE**
Personal Services	**Gross Salary**	**Fringe**	**Percent of Actual Time on Contract/ Purchase Order**		
Employee Name and/or Position Title					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
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					$0.00
					$0.00
					$0.00
					$0.00
			Total Personal Services (including fringe benefits)		**$0.00**

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Supplies & Operating Expenses		
Printing/Copying		
Postage/Shipping		
Phone/Fax/Internet		
Supplies		
Meeting		
Lab Test (pap test, pregnancy test, Chlamydia, gonorrhea, hematocrit, hemoglobin, Fecal Occult Blood Screening		
Condoms		
Efficacious/ Contraceptive Methods (pills, patch, rings, depo, IUDs, implants)		
I would suggest:		
Total Supplies & Operating Expenses		**$0.00**
Travel		
Mileage		
Lodging		
Meals		
Other Travel		
Total Travel		**$0.00**

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Other Costs		
Training		
Evaluation (completed in-house)		
Total Other Costs		**$0.00**
Contractual (payments to third parties or entities)		
Consulting		
Evaluation (outsourced)		
Other sub-contract		
Total Contractual		**$0.00**
SUB-TOTAL BEFORE INDIRECT		**$0.00**
Indirect		
Indirect		
Total Indirect		**$0.00**
TOTAL THIS INVOICE		**$0.00**

Billing Summary	
Contract or Purchase Order Budget Amount	
Cumulative Amount Previously Invoiced	
Amount of this Invoice	**$0.00**
Total Invoiced to Date	**$0.00**

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Budget Amount Remaining	**$0.00**