'our CDPHE program will provide instruction on completing and submitting this form. Information entered into this form will uto-populate the Reimbursement Invoice Form.

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 #	
FEIN	Enter the contractor's Federal Employer Identification
PO/ Encumbrance #	Enter the PO or encumbrance number provided by the CDPHE

Enter a unique number using 12 characters or less. The first 3 characters identify the population group & budget that these charged are allocated to. Use the following identifiers:
CAH= Child & Adolescent Health
PRN = Prenatal
HCP = Children with Special Healthcare Needs

Contractor Name	Enter the Contractor or Vendor's name in this box. The "From" field below in the contact information section will automatically populate.
Invoice Period	Enter the beginning date of the invoice / Enter the end date of the invoice period.
Final Invoice	If this is the **LAST** invoice submitted for the contract or purchase order enter YES. If not, enter NO.

To:	Colorado Dept of Public Health and Environment
CDPHE Program:	MCH
CDPHE Contact:	Sara Wargo
Mail Code:	PSD-MCH-A4
Address:	4300 Cherry Creek Drive South
City:	Denver
State:	CO
Zip Code:	80246
Fax:	(303) 691-7852
Telephone:	(303) 692-2318
Email:	cdphe.psmchreports@state.co.us

From:	
Contact Name:	Enter the name of the person in the vendor / contractor's agency who should be contacted if CDPHE has a question about this invoice.
Address:	
City:	Enter the contractor/ vendor's mailing address including city, state, & zip code.
State:	
Zip Code:	
Fax:	Enter the fax number for the contact person listed above in this section.
Telephone:	Enter the phone number for the contact person listed above in this
Email:	Enter the email for the contact person listed above in this section.

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
					$0.00
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					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00

Enter the Employee Name and/ or Position Title. This should be consistent with your budget.

Enter the employee's gross salary for the invoice period.

Enter the employee's actual or calculated fringe for the period. For example, an employee with a fringe rate of 22% earning $1,000 for the invoice period would be calcuated using the following formula: $1,000 * .22 = $220.

Enter the percentage of the employee's time spent on the contract or purchase order during the invoice period. For example, if an employee spent a third of their time on contract or purchase order related work, enter .33.

Enter the Match of In-Kind attributable to each expense.

Total Personal Services (including fringe benefits)	$0.00	$0.00
Supplies & Operating Expenses		
Printing/Copying		
Postage/Shipping		
Phone/Fax/Internet		
Supplies		
Meeting		
Total Supplies & Operating Expenses	$0.00	$0.00
Travel		
Mileage		
Lodging		
Meals		
Other Travel		

B	C	D	E	F	G	H
				Total Travel	$0.00	$0.00
Other Costs						
Equipment						
Evaluation (completed in-house)						
Screening						
Treatment						
Training						
				Total Other Costs	$0.00	$0.00
Contractual (payments to third parties or entities)						
Consulting						
Evaluation (outsourced)						
Other sub-contract						

Total Contractual	$0.00	$0.00
SUB-TOTAL BEFORE INDIRECT		$0.00
Indirect		
Indirect		
Indirect (other)		
Total Indirect	$0.00	$0.00
TOTAL MATCH OR IN KIND	$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
Budget Amount Remaining	$0.00

The Billing Summary is OPTIONAL. It is provided to assist contractors / vendors track expenditures against budget. **CDPHE does NOT verify the accuracy of these fields.**

ENTER the total budget amount for the contract or purchase order.

ENTER the total cumulative amount invoiced to date. DO NOT include the amount of this invoice.