



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	
PO/ Encumbrance #	

Contractor Name		
Invoice Period		
Final Invoice		

To: Colorado Dept of Public Health and Environment CDPHE Program: CDPHE Contact: Mail Code: Address: 4300 Cherry Creek Drive South City: Denver State: CO Zip Code: 80246 Fax: Telephone: Email:		From: 0 Contact Name: Address: City: State: Zip Code: Fax: Telephone: Email:
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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		
					\$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
					\$0.00
Total Personal Services (including fringe benefits)				\$0.00	\$0.00



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Contractor/ Vendor Invoice #	
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Contractor Name		
Invoice Period		
Final Invoice		

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



Colorado Department
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**Colorado Department of Public Health and Environment
REIMBURSEMENT INVOICE FORM**

Invoice Period: 01/00/00 **To** 01/00/00
Invoice #: 0
FEIN: 0
PO/Encumbrance #: 0
Final Invoice: 0

Colorado Dept of Public Health and

To: Environment	From: 0
CDPHE Program: 0	Contact Name: 0
CDPHE Contact: 0	Address: 0
Mail Code: 0	0
Address: 4300 Cherry Creek Drive South	0
City: Denver	City: 0
State: CO	State: 0
Zip Code: 80246	Zip Code: 0
Fax: 0	Fax: 0
Telephone: 0	Telephone: 0
Email: 0	Email: 0

Expenditure Categories	Total Amount Requested from CDPHE
Personal Services including Fringe Benefits	\$0.00
Supplies & Operating Expenses	\$0.00
Travel	\$0.00
Other Costs	\$0.00
Contractual (payments to third parties or entities)	\$0.00
SUB-TOTAL BEFORE INDIRECT	\$0.00
Indirect	\$0.00
TOTAL THIS INVOICE	\$0.00

To be Signed by Contractor/Vendor	
<i>I/We affirm the claimed expenses comply with the budget provisions of the contract and are reasonable and necessary, that all relevant progress or other reports have been filed, and all contract milestones and/or tasks related to the invoice period have been achieved.</i>	
Print Name, Title & Sign	Date

To be Signed by CDPHE Program Director or Delegate(s)	
<i>I/We affirm that I or my staff have reviewed the contractor / vendor's invoice and supporting documentation, if required, progress reports and other communications with the contractor/vendor, and believe to the best of my knowledge, that the contractor/vendor is in compliance with all contract provisions.</i>	
Print Name, Title & Sign	Date

To be Signed by CDPHE Fiscal Officer or Delegate(s)	
<i>I certify that the claimed expenses have been reviewed by me for compliance with the requirements of the funding source and the State of Colorado Fiscal Rules, and are charged to the appropriate funding source.</i>	
Print Name, Title & Sign	Date