

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
 CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**INSTRUCTIONS FOR COMPLETING THE INVOICE FORM**

<b>DMH INVOICE NO. (DMH Use Only)</b> _____	<b>INVOICE DATE:</b> _____	<b>CONTRACTOR INVOICE NO.</b> _____
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<b>INVOICE PERIOD:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Fiscal Year</u></td> <td style="text-align: center;"><u>From:</u></td> <td style="text-align: center;"><u>To:</u></td> </tr> <tr> <td style="padding: 2px;"><b>Monthly</b></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Month/Date _____</td> <td></td> <td></td> </tr> <tr> <td><b>Quarterly</b></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Jan.-Mar. _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Apr.-Jun. _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Jul.-Sept. _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Oct.-Dec. _____</td> <td></td> <td></td> </tr> </table>	<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>	<b>Monthly</b>			<input type="checkbox"/> Month/Date _____			<b>Quarterly</b>			<input type="checkbox"/> Jan.-Mar. _____			<input type="checkbox"/> Apr.-Jun. _____			<input type="checkbox"/> Jul.-Sept. _____			<input type="checkbox"/> Oct.-Dec. _____			<b>PROJECT NAME:</b> _____ Project ID No. _____ Contract No. _____ Legal Entity No. _____ Final Invoice <input type="checkbox"/> <b>(check if final)</b>
<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>																							
<b>Monthly</b>																									
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<b>SUBMIT TO:</b> County of Los Angeles Department of Mental Health Chief Information Office Bureau 695 S. Vermont Avenue, 7 <sup>th</sup> Floor Los Angeles, CA 90005 Attn: Gordon Bunch, MA	<b>CONTRACTOR REMITTANCE INFORMATION:</b> Name: _____ Address: _____ City, State, ZIP: _____ Phone: _____ Email: _____ Contractor's Project Director: _____
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1. Description of work performed during the invoice period.  
 \_\_\_\_\_  
 \_\_\_\_\_
2. **Invoice Amount by Budget Category:**

<ul style="list-style-type: none"> <li>• Personnel _____</li> <li>• Hardware _____</li> <li>• Software _____</li> </ul>	<ul style="list-style-type: none"> <li>• Contract Services _____</li> <li>• Other Expenses _____</li> <li>• Start-up Costs _____</li> </ul>
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3. **Total Invoice Amount:** \_\_\_\_\_
4. Cumulative Amount Invoiced to Date: \_\_\_\_\_
5. Projected Remaining MHSA Project Costs: \_\_\_\_\_

Contractor's Project Director **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DMH USE ONLY	
County's Project Manager <b>Signature:</b> _____	Date: _____
County's Project Director <b>Signature:</b> _____	Date: _____
<b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b> <input type="checkbox"/> If denied, state reason: _____	
Green Tags issued: _____	Beginning No.: _____ Ending No.: _____
Silver Tags issued: _____	Beginning No.: _____ Ending No.: _____

**Note: Invoices must be submitted in hard copy (paper) format only, including "wet" signatures.**

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
 CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**INSTRUCTIONS FOR COMPLETING THE INVOICE FORM**

**General Instructions**

Invoices may be submitted monthly or quarterly, pursuant to the Contractor’s Technology Needs Funding Agreement (TNFA).

Only one invoice may be submitted per period. Expenses that are attributable to a period which are not invoiced in that period may be invoiced in a subsequent period.

Enter all amounts in dollars and cents.

Except for Start-up Expenses identified in the TNFA, invoiced amounts shall be approved only for goods and/or services both received and paid by the Contractor subsequent to execution of TNFA.

MHSA IT funds may only be used to reimburse project expenses pursuant to the allocation methodology included in the TNFA, if applicable. If an allocation methodology is used, the formula must be noted on the face of each supporting document, e.g., a vendor invoice. For example, “DMH clients served by Project = 80% of all clients. Non-DMH clients = 20%. Please reimburse \$8,000.

Signed *Sandra Sample*, Contractor’s Project Manager.”

All supporting documentation, e.g., original vendor invoices, must be signed on the face by the Contractor’s Project Manager.

A template for the Invoice form is available for download in MS WORD 2003 format from the CPTT website at: [http://dmh.lacounty.gov/hipaa/edi\\_homepage.html](http://dmh.lacounty.gov/hipaa/edi_homepage.html).

<b>DMH Invoice No.</b>	Leave blank.
<b>Invoice Date</b>	Enter the Invoice date in the format MM/DD/YYYY.
<b>Contractor Invoice No.</b>	Enter your (Contractor’s) Invoice number.
<b>Invoice Period</b>	Identify the Invoice Period below.
<b>Monthly Month/Date</b>	Check this box if your TNFA indicates monthly invoicing. Enter <u>Fiscal Year</u> in the format YY-YY. Enter both the <u>From</u> date and <u>To</u> date in the format MM/DD/YYYY (e.g., the first and last days of one month).
<b>Quarterly Jan.-Mar. Apr.-Jun. Jul.-Sept. Oct.-Dec.</b>	Check the applicable box if your TNFA indicates quarterly invoicing. Check only one box and use only one line. Enter <u>Fiscal Year</u> in the format YY-YY. Enter both the <u>From</u> date and <u>To</u> date in the format MM/DD/YYYY (e.g., the first day of the first month of the fiscal quarter and last day of the last month of the fiscal quarter).
<b>Project Name</b>	Enter the Project Name as it appears in the TNFA.
<b>Project ID No.</b>	Enter the Project ID No. as it appears on the project approval notification letter.
<b>Contract No.</b>	Enter the contract number as it appears in the TNFA.
<b>Legal Entity No</b>	Enter the Legal Entity number as it appears in the TNFA.
<b>Final Invoice</b>	Check this box if Project is completed and this is the final invoice.

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
 CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**INSTRUCTIONS FOR COMPLETING THE INVOICE FORM**

<b>Contractor Remittance Information</b>	Enter Contractor’s remittance information below.
<b>Name</b>	Enter the name of the Contractor as it appears in the TNFA.
<b>Address</b>	Enter Contractor’s address of record where DMH currently mails Mental Health Service Agreement payments.
<b>City, State, ZIP</b>	Enter Contractor’s City, State, and ZIP Code where DMH currently mails Mental Health Service Agreement payments.
<b>Phone</b>	Enter the phone number of the Contractor’s Project Director as it appears in the TNFA.
<b>Email</b>	Enter the e-mail address of the Contractor’s Project Director as it appears in the TNFA.
<b>Contractor’s Project Director</b>	Enter the name of the Contractor’s Project Director as it appears in the TNFA.
<b>1. Description of work performed during the invoice period.</b>	Briefly describe project work that occurred during the invoice period.
<b>2. Invoice Amount by Budget Category:</b>	Enter amounts by category.
<b>Personnel</b>	<p>Enter the amount in dollars and cents for all period expenses which are budgeted as Personnel in the TNFA. Exclude any Personnel expenses paid with Start-up Funds.</p> <p>All invoices which request reimbursement for payment of wages to a Contractor’s employee(s) assigned to the Contractor’s CPTN Project shall include as supporting documentation a completed <u>Employee Pay Verification</u> form attesting to (a) number of working hours in the pay period, (b) hours worked on the project, (c) reimbursement calculation, and (d) brief description of work performed on the project. A separate <u>Employee Pay Verification</u> form must be completed for each employee for whom wage reimbursement is requested. The Contractor’s Project Manager shall sign <u>Employee Pay Verification</u> forms, except forms requesting wage reimbursement for the Project Manager, which must be signed by the Contractor’s Project Director.</p>
<b>Hardware</b>	<p>Enter the amount in dollars and cents for all Hardware expenses in the TNFA. Exclude any Hardware expenses paid with Start-up Funds.</p> <p>All invoices which request reimbursement for the Hardware purchases must include as attached supporting documentation both (a) an original vendor invoice signed by the Contractor’s Project Director, (b) a signed original delivery receipt or packing receipt itemizing purchases, and (c) supporting documentation verifying that the Contractor has paid in full for all goods.</p> <p>Reimbursement may be requested for a partial delivery of goods and may be reimbursed only according to the cost of goods received, including taxes and related charges. In such case, confirmation of payment only for received goods shall suffice.</p>

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
 CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**INSTRUCTIONS FOR COMPLETING THE INVOICE FORM**

<b>Software</b>	Enter the amount in dollars and cents for all Software expenses in the TNFA. Exclude any Software expenses paid with Start-up Funds. See instructions above for “Hardware.”
<b>Contract Services</b>	Enter the amount in dollars and cents for all Contract Services expenses in the TNFA. Exclude any Contract Services expenses paid with Start-up Funds.  Include as supporting documentation the original invoice itemizing services with hours and rate(s), or itemizing deliverables and costs. Contract Services invoices must be signed on the face by the Contractor’s Project Manager.
<b>Other Expenses</b>	Enter the amount in dollars and cents for all Other Expenses in the TNFA. Exclude any Other Expenses paid with Start-up Funds. Include as supporting documentation the original invoice itemizing Other Expenses with sufficient detail to justify reimbursement as an expense wholly attributable to the Project.
<b>Start-up Costs</b>	Enter the amount in dollars and cents for all expenses that are funded from Start-up Costs funding identified in the TNFA. Include any Personnel, Hardware, Software, Contract Services, and Other Expenses paid with Start-up funds.
<b>3. Total Invoice Amount</b>	Enter the total amount of expenses that <b>are not</b> funded from Start-up Costs funds.
<b>4. Cumulative Amount Invoiced to Date</b>	Enter total amount of Project invoices submitted to date, including the Start-up Costs invoice, if applicable, and this invoice.
<b>5. Projected Remaining MHSA Project Costs</b>	Enter total amount of remaining Project budget, after subtracting cumulative amount invoiced to date.
<b>Contractor’s Project Director Signature</b>	Contractor’s Project Director identified in the TNFA must sign and date the Invoice.
<b>Date</b>	Enter date of signature by the Contractor’s Project Director.
<b>County’s Project Manager Signature</b>	Leave blank.
<b>Date</b>	Leave blank.
<b>County’s Project Director Signature</b>	Leave blank.
<b>Date</b>	Leave blank.
<b>Approved</b>	Leave blank.
<b>Denied</b>	Leave blank.
<b>If denied, state reason</b>	Leave blank.

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
FUNDING AGREEMENT FOR TECHNOLOGICAL NEEDS PROJECT

**SAMPLE INVOICE**

<b>DMH INVOICE NO. (DMH Use Only)</b> _____	<b>INVOICE DATE:</b> <u>05/31/2010</u>	<b>CONTRACTOR INVOICE NO.</b> <u>IT-2010-05-31</u>
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<b>INVOICE PERIOD:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%; text-align: center;"><u>Fiscal Year</u></td> <td style="width:15%; text-align: center;"><u>From:</u></td> <td style="width:15%; text-align: center;"><u>To:</u></td> </tr> <tr> <td><b>Monthly</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Month/Date</td> <td align="center"><u>09-10</u></td> <td align="center"><u>April 1</u></td> <td align="center"><u>April 30</u></td> </tr> <tr> <td><b>Quarterly</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Jan.-Mar.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Apr.-Jun.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Jul.-Sept.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Oct.-Dec.</td> <td></td> <td></td> <td></td> </tr> </table>		<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>	<b>Monthly</b>				<input checked="" type="checkbox"/> Month/Date	<u>09-10</u>	<u>April 1</u>	<u>April 30</u>	<b>Quarterly</b>				<input type="checkbox"/> Jan.-Mar.				<input type="checkbox"/> Apr.-Jun.				<input type="checkbox"/> Jul.-Sept.				<input type="checkbox"/> Oct.-Dec.				<b>PROJECT NAME:</b> <u>Clinical Data and Practice Mgmt. System Project</u> <hr/> Project ID No. <u>CDM00999A</u> Contract No. <u>MH100999</u> Legal Entity No. <u>00999</u> <hr/> Final Invoice <input type="checkbox"/> <b>(check if final)</b>
	<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>																														
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<b>SUBMIT TO:</b> County of Los Angeles Department of Mental Health Chief Information Office Bureau 695 S. Vermont Avenue, 7 <sup>th</sup> Floor Los Angeles, CA 90005  Attn: Gordon Bunch, MA	<b>CONTRACTOR REMITTANCE INFORMATION:</b> Name: <u>XYZ Agency, Inc.</u> Address: <u>123 Main Street</u> City, State, ZIP: <u>Los Angeles, CA 90000</u> Phone: <u>(213) 555-1212</u> Email: <u>JDoe@XYZAgency.org</u> Contractor's Project Director: <u>John Doe, Ph.D., Executive Director</u>
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1. Description of work performed during the invoice period.  
PM developed project strategy, charter and plan. ITA (consultant) configured and installed hardware.  
Equipment (hardware) purchases completed, equipment received, bill paid.  
(Original invoices attached.)
2. **Invoice Amount by Budget Category:**

• Personnel <u>\$3,125.00</u>	• Contract Services <u>\$3,300.00</u>
• Hardware _____	• Other Expenses _____
• Software _____	• Start-up Costs <u>\$25,125.00</u>
3. **Total Invoice Amount:** \$6,425.00
4. Cumulative Amount Invoiced to Date: \$35,300.00
5. Projected Remaining MHSA Project Costs: \$122,798.00

Contractor's Project Director **Signature:** John Doe, Ph.D., Executive Director      Date: 5/31/10

DMH USE ONLY	
County's Project Manager <b>Signature:</b> _____	Date: _____
County's Project Director <b>Signature:</b> _____	Date: _____
<b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b> <input type="checkbox"/> If denied, state reason: _____	
Green Tags issued: _____	Beginning No.: _____      Ending No.: _____
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