

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

INVOICE

DMH INVOICE NO. (DMH Use Only) _____	INVOICE DATE: _____	CONTRACTOR INVOICE NO. _____
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INVOICE PERIOD: <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>Monthly</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Month/Date _____</td> <td></td> <td></td> </tr> <tr> <td>Quarterly</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>	Monthly			<input type="checkbox"/> Month/Date _____			Quarterly			<input type="checkbox"/> Jan.-Mar. _____			<input type="checkbox"/> Apr.-Jun. _____			<input type="checkbox"/> Jul.-Sept. _____			<input type="checkbox"/> Oct.-Dec. _____			PROJECT NAME: _____ Project ID No. _____ Contract No. _____ Legal Entity No. _____ Final Invoice <input type="checkbox"/> (check if final)
<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>																							
Monthly																									
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SUBMIT TO: County of Los Angeles Department of Mental Health Chief Information Office Bureau 695 S. Vermont Avenue, 7 th Floor Los Angeles, CA 90005 Attn: Gordon Bunch, MA	CONTRACTOR REMITTANCE INFORMATION: 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:**

• Personnel _____	• Contract Services _____
• Hardware _____	• Other Expenses _____
• Software _____	• Start-up Costs _____
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 Signature: _____	Date: _____
County's Project Director Signature: _____	Date: _____
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> If denied, state reason: _____	

IMPORTANT: Invoices must be submitted in hard copy (paper) format only, including the original signature of the Contractor's Project Director. All supporting documentation also must be original. Please attach additional pages as needed.