

CASPHI-California Strengthening Public Health Infrastructure Grant Initi

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| | | | | |
| California Department of Public Health | | | | Date: |
| Email Invoice to: CASPHILocalFunding@cdph.ca.gov | | | | |
| | | | | LHJ Name/Ad |
| | | | | |
| Award Number: | | | | |
| Funding Period: | December 1, 2022 to November 30, 2023 | | | <i>Check if remittance</i> |
| Billing Period: | | | | <i>since last invoice</i> |
| Invoice Number: | <i>State Use Only</i> | | | |
| County Invoice #: | <i>Optional</i> | | | Telephone #: |
| | | | | Supplier ID #: |
| | | | | |
| | | Budget | Expenditures This | |
| | | Line-Item | Period | |
| | | Personnel | | |
| | | Travel | | |
| | | Equipment | | |
| | | Supplies | | |
| | | Other | | |
| | | Services | | |
| | | Indirect | | |
| | | Total Expenditures | \$ - | |
| | | 25% Advance (Complete with first invoice only) | | |
| | | To be Paid | \$ - | |
| | | | | |
| | <p>State Certification: I hereby certify that the above referenced local health department has met all requirements for the submission of its application, related documents, and certifications and is eligible to receive this payment. All application, related documents, approvals, and requests for payment are maintained by CDPH, for financial audit purposes as required by the State Controller's Office.</p> | | | |
| | | | | |
| | CDPH Use Only | | | |
| | Service Location: | | Please Pay: | |
| | | | \$ - | |
| | | | | |

