

CASPHI-California Strengthening Public Health Infrastructure Grant Initi

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 future audit purposes as required by the State Controller's Office.</p>			
	CDPH Use Only			
	Service Location:		Please Pay:	
			\$ -	

