

(County Letterhead)

INVOICE

California Department of Food and Agriculture
CalCannabis Cultivation Licensing Division
Attn: Paula Mays
1220 N Street, Sacramento, CA 95814
paula.mays@cdfa.ca.gov

County Cannabis Inspection Program

County: _____ Contract Manager: _____

Contract #: _____ Invoice #: _____

Invoice Period: _____

Compliance Inspections

Licenses on a Premises	Inspections	Rate per Inspection	Amount Due
1 - 10	0	\$400	\$0
11 - 30	0	\$500	\$0
30 - 60	0	\$600	\$0
61+	0	\$700	\$0

Total Inspections 0 **Grand Total:** \$0

Contract Amount	0.00
Billed to Date	0.00
Balance	0.00

County Approver (print name): _____

County Approver (signature): _____

Date: _____

Invoice must be signed and dated by the county approver to be processed. Only authorized charges reconciling the Scope of Work and Budget Worksheet will be reimbursed, i.e. number of inspections completed. Payment of the invoice is contingent on submission of complete and accurate CalCannabis Licensee Inspection document packet. All invoices, including amendments, must be received within 30 days of the expiration of the contract.