

OERU Quarterly Invoice and Progress Report Cover Sheet

County:	Invoice Number: OERU-
Mailing Address:	Fiscal Year: Quarter*: <input type="checkbox"/> 2006/2007 <input type="checkbox"/> July – September <input type="checkbox"/> 2007/2008 <input type="checkbox"/> October – December <input type="checkbox"/> 2008/2009 <input type="checkbox"/> January – March <input type="checkbox"/> <input type="checkbox"/> April – June * Due 45 working days after the end of each quarter.

Checklist:

Required Items: Quarterly Invoices <input type="checkbox"/> 2 signed originals and 6 copies <input type="checkbox"/> 1 copy of subcontractor invoices Quarterly Progress Reports <input type="checkbox"/> 1 signed original and 1 copy NOTE: An electronic copy of each required item or other request MUST also be submitted in the following formats: <ul style="list-style-type: none"> • Excel (budgets/invoices) • Word (other documents) 	Other Requests*: <input type="checkbox"/> Technical Assistance needed from the State <input type="checkbox"/> Line Item Budget Adjustment (include revised budget) <input type="checkbox"/> Work Plan Adjustment (include revised plan) <input type="checkbox"/> Other (specify) _____ * A narrative description for each item requested must be attached.
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Submission Requirements:

<input type="checkbox"/> Mail hard copies of all required and requested items by U.S. Postal Service or overnight mail to: Department of Health Care Services Medi-Cal Eligibility Division 1501 Capitol Avenue, Suite 71-4001, MS 4607 P.O. Box 997417 Sacramento, CA 95899-7417 Attention: OERU/Quarterly Invoice & Progress Report/Name of your assigned County Allocation Manager	<input type="checkbox"/> Send electronic copies of <u>all</u> the required and requested items checked above to: Your OERU assigned County Allocation Manager's e-mail address.
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Authorized Signature:

OERU Project Director (Person Authorized to Sign on Behalf of the County):

Signature: _____ Title: _____ Date: _____

Print Name: _____ Phone: _____ E-Mail: _____

OERU Contact Person (if different)

Print Name: _____ Phone: _____ E-mail: _____

Date Package Submitted to the DHCS OERU: _____