

## Children's Health Coverage - OERU SAMPLE Quarterly Invoice



County Name: Your County  
 Fiscal Year: 2006/2007  
 Billing Period: December

OERU Authorization #: AB 1807 Sec. 14067.3  
 Invoice #: OERU-06/07-2-59  
 Vendor ID #: 0000012345-01

BUDGET CATEGORIES (per contract)	Approved Budget	Prior Amount Expended	Expenses Billed this Quarter	CDHS use only		Amount Expended to Date	Remaining Balance
				Adjustment	Approved Amount		
<b>PERSONNEL EXPENSES</b>							
Project Administrator FTE	\$ 102,543.00		\$ 26,483.00			\$ 26,483.00	\$ 76,060.00
Project Analyst FTE	\$ 75,796.00		\$ 21,932.00			\$ 21,932.00	\$ 53,864.00
Project Coordinator FTE	\$ 66,744.00		\$ 22,248.00			\$ 22,248.00	\$ 44,496.00
Office Assistant PTE	\$ 37,500.00		\$ 12,500.00			\$ 12,500.00	\$ 25,000.00
Benefits <u>24</u> %	\$ 67,820.00		\$ 19,959.00			\$ 19,959.00	\$ 47,861.00
<b>TOTAL PERSONNEL EXPENSES</b>	\$ 350,403.00		\$ 103,122.00			\$ 103,122.00	\$ 247,281.00

<b>OPERATING EXPENSES</b>							
Rent							
Office Expenses	\$ 6,674.00		\$ 1,352.27			\$ 1,352.27	\$ 5,321.73
Equipment	\$ 12,000.00		\$ 400.00			\$ 400.00	\$ 11,600.00
Training	\$ 3,000.00		\$ 1,200.00			\$ 1,200.00	\$ 1,800.00
Conferences/Meetings	\$ 500.00		\$ 125.00			\$ 125.00	\$ 375.00
Travel	\$ 3,000.00		\$ 750.42			\$ 750.00	\$ 2,249.58
Outreach Materials	\$ 2,280.00		\$ 625.00			\$ 625.00	\$ 1,655.00
Automated Enrollment							
Indirect Costs <u>7</u> %*	\$ 82,450.00		\$ 19,568.00			\$ 19,568.00	\$ 62,882.00
<b>TOTAL OPERATING EXPENSES</b>	\$ 109,904.00		\$ 24,020.69			\$ 24,020.69	\$ 85,883.31

\* Cannot exceed 15% of total funds allocated

Note: Please submit invoices from subcontractors if applicable.

Rev. 02/07

BUDGET CATEGORIES <i>(per contract)</i>	Approved Budget	Prior Amount Expended	Expenses Billed this Quarter	CDHS use only		Amount Expended to Date	Remaining Balance
				Adjustment	Approved Amount		

OTHER EXPENSES							
Subcontractor 1 XYZ for Kids	\$ 800,000.00		\$ 100,000.00			\$ 100,000.00	\$ 700,000.00
Subcontractor 2							
Collaborative Partnership							
Collaborative Partnership							
<b>TOTAL OTHER EXPENSES</b>	\$ 800,000.00		\$ 100,000.00			\$ 100,000.00	\$ 700,000.00

<b>TOTAL OF ALL EXPENSES</b>	\$ 1,260,307.00		\$ 227,142.69			\$ 227,142.69	\$ 1,033,164.31
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I certify that the expenditures claimed represent actual expenses for the service performed under this allocation.

<b>Sign in blue ink only</b>	
_____	_____
County OERU Project Financial Officer (print)	Signature

<b>Sign in blue ink only</b>	
_____	_____
OERU Project Director (print)	Signature

<b>Explanation of Adjustments/Corrections or Revisions (please bold any adjustments, corrections, or revisions for ease of identification):</b>