

ELC ENHANCING DETECTION INVOICE

California Department of Public Health
Emergency Preparedness Office
Email Scanned Copy to: CDPHELC@cdph.ca.gov

Date:

Contract Number:
 Contract Term:
 Billing Period:
 EPO Invoice Number:

County Name/Address (to send warrant)
 Check if remittance address changed since last Invoice

Telephone:
 FI\$Cal ID #:

	Approved Allocation	Expenditures This Period	Remaining Balance
Strategy 1	\$ 100,000	\$ 25,000	\$ 75,000
Strategy 2	\$ 200,000	\$ 50,000	\$ 150,000
Strategy 3	\$ 300,000	\$ 75,000	\$ 225,000
Strategy 4	\$ 400,000	\$ 100,000	\$ 300,000
Strategy 5	\$ 500,000	\$ 125,000	\$ 375,000
Strategy 6	\$ 600,000	\$ 150,000	\$ 450,000
	\$ 2,100,000	\$ 525,000	\$ 1,575,000

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

Printed Name and Title of Authorized Representative
Signature and Date of Authorized Representative

State Certification: I hereby certify that the above referenced local health department has met all requirements for submission of its application, related documents, and certifications and is eligible to receive this payment. The application, related documents, approvals, and requests for payment are maintained by CDPH, Emergency Preparedness Office, for five (5) years for audit purposes as required by the State Controller's Office.

EPO Use Only	
Service Location:	Please Pay:
	\$ 525,000.00

 Signature
 Melissa Relles, Assistant Deputy Director
 Emergency Preparedness Office
 California Department of Public Health