CASPHI-California Strengthening Public Health Infrastructure Grant Initiative						
Californ	ia Department	of Public Health		Date:		
Email Invoice to: CASPHILocalFunding@cdph.ca.gov						
				LHJ Name/Address (to send warrant)		
Award Numbe	r:					
Funding Period: December 1, 20		22 to November 30, 2023		Check if remittance address changed		
Billing Period:				since last Invoice		
Invoice Numbe		tate Use Only				
County Invoice #	<b>!:</b>	Optional		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	\$ -			
	<b>State Certification:</b> 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, for five (5) years for audit purposes as required by the State Controller's Office.					
			,			
CDPH Use Only						
	Service Location:		Please Pay:			
			\$	-		