Ventura County Healthy Communities

Invoice for Month of _____, 2002

Contract #
Activity Code #

_____ **_____**
(Agency Name) **(Name of Project)**

PERSONNEL EXPENSES					
POSITIONS	**Budgeted Amount**	**Amount Spent This Month**	**Total Prior Amt. Spent**	**Total Spent To Date**	**Balance Remaining**
Total Salaries					
Fringe Benefits at % of Salaries					
A. Total Personnel (Total Salaries + Benefits)					
OPERATING EXPENSES					
B. Total Operating Expenses					
INDIRECT EXPENSES					
C. Total Indirect % (up to 10%)					
TOTAL BUDGET (A+B+C)					

Submitted By:

_____ **_____** **_____** **_____**
(Type or print name) **(Signature)** **(Phone #)** **(Date)**

Approved By: _____ Date _____
(Public Health Department Approval)