

CONTRACTOR INVOICE INSTRUCTIONS

Format

- The approved County format must include:
 - A heading stating: Date, Contractor, Project Title, Contract Number, Contract Period, and Invoice Period
 - “**Approved** Budget for FY XX-XX” as first column
 - “Cumulative Expenses Prior to Reporting Period” as second column
 - “Current Expenses” as third column
 - “Year to Date” as fourth column
 - “Remaining Balance” as fifth column
 - Clearly show the total invoiced amount due
 - Original** signature of an authorized signer and the date signed
- See attached invoice template

Billing Procedures

- Invoices are due on the 10th of each month, unless prior arrangements have been made to submit quarterly invoices.
- Approved Budget (Column 1):
 - The approved budget should be your latest approved budget. If you’ve made a contract modification or had a budget revision approved, this new budget should appear in the “Approved Budget” column
 - Please be sure that invoice line items (e.g. staff titles) match approved line items in budget.
- The “Cumulative Expenses Prior to Reporting Period” (Column 2):
 - Should accurately reflect the total of prior billings
- “Current Expenses” (Column 3):
 - Should accurately reflect actual, expended costs
 - Should not reflect advance charges
 - Should not exceed the approved budget, in total or for any line item
- The “Year To Date” (Column 4):
 - Should accurately reflect the total of prior billings plus current expenses incurred
- The “Remaining Balance” (Column 5):
 - Should accurately calculate the approved budget, minus prior billings, minus current billing
 - May not show a deficit, in total or for any line item
- All rows and columns must:
 - Add up horizontally and vertically

Authenticity

- The County only accepts hard copy invoices with an original signature of an authorized contractor or agency representative. We cannot accept facsimile delivery or emails.

County Information

- Complete, accurate invoices received by the 10th of each month will be paid within 30 days of submission.
- If you have any questions, please contact your contract manager by calling 565-6680.
- Download the form <http://www.sonoma-county.org/health/prev/index.htm>