

PROGRAM DEVELOPMENT UNIT/PAROLEE SERVICE CENTERS

Invoice Date

MONTHLY INVOICE

Tax Identification Number

Official Name of Contractor and Remit To Address

To:	From:
California Dept. of Corrections and Rehabilitation (CDCR)	Facility Name
Division of Adult Parole Operations (DAPO)	
Mailing Address	Mailing Address
City, State, Zip Code	City, State, Zip Code
Attention	Contract Number

In accordance with the above-numbered contract, payment is requested for satisfactory services provided in the month of: _____

- (1) Total Participant Days _____ (x) Per Diem Rate \$ _____ = \$ _____
- (2) Monthly Lease/Use Costs _____ = \$ _____
- (3) Liability Insurance Costs (Supporting documentation must be attached.) _____ = \$ _____
- (4) Less: Program Income/Other Revenue/Advance Payments _____ = \$ _____
- (5) Total Payment Requested \$ _____
- (6) Attach Register of Program Participation, Staffing Roster, Parolee Employment Record and PDCF Excel Files

The undersigned certifies by review and verification of the attached required forms (reference **Note** below) that satisfactory service has been provided and that expenditures effected herein are made in accordance with the terms and conditions of the above-numbered agreement.

Program Director or Fiscal Officer's Name / Signature	Date Signed	DAPO Representative's Name / Signature	Date Signed

INSTRUCTIONS:

- (1) **Total Participant Days:** Obtained from attached Register of Program Participation; includes first day of each parolee's participation, but not last day.
Per Diem Rate: Based on negotiated rate as stipulated in the above-numbered Agreement. The rate may be adjusted based on CDCR's fiscal audit of the program to determine actual operational costs. Rate excludes lease/use and liability insurance costs.
- (2) **Lease/Use Costs:** Based on annual Agreement amount divided by number of months.
- (3) **Liability Insurance Costs:** Based on annual Agreement amount. **Must be supported by canceled check, invoice or receipt.**
- (4) **Program Income/Other Revenue/ Advance Payments:** Indicate CDCR's monthly share of all sources of program income/other revenue received from other funding sources (including food stamps and AFDC funding) and /or amount due to CDCR to repay advance payment.
- (5) **Total Payment Requested:** Total lines 1, 2, 3, and 4.
- (6) **Note:** If required supporting documentation (Register of Program Participation, Staffing Roster, Parolee Employment Record; Program Data Collection data via Excel files) and the required computerized data file are incomplete, improperly prepared or are not submitted with the Monthly Invoice, as stipulated in the above-numbered agreement, the invoice will be returned to the Contractor for corrections and/or submission of the proper documentation or computerized data file before payment is made.