

EXHIBIT B – ATTACHMENT I

(SAMPLE INVOICE)

USE YOUR OFFICIAL COMPANY LETTERHEAD

Date: (Must be after last day of billing period)

Janice Byers
California Department of Public Health
Genetic Disease Screening Program
850 Marina Bay Parkway, Room F-175, Mail Stop 8200
Richmond, CA 94804

Contract Number: **11-MCXXX**
Invoice Number: XX (Number invoices beginning with 01)
Billing Period: (Use inclusive dates: July 1, 2011 to September 30, 2011)
Project Title: Example: Metabolic Special Care Center
(Newborn Screening Program)

Description

of Cases:

5 New Case Referrals \$650.00 per case \$ 3,250.00

10 Annual Patient Summary \$250.00 per case \$ 2,500.00

Total Invoice Amount: \$ 5,750.00

Date

Signature
(Name and Title of above signature)