

PROGRAM INVOICE SUMMARY FORM																																													
To: Department of Public Health, Maternal and Child Health	FOR THE PERIOD OF																																												
AGENCY NAME	TOTAL MCH FUND APPROVED																																												
STREET ADDRESS:																																													
CITY/STATE: ZIP CODE:																																													
CONTRACT NUMBER:																																													
CONTRACT NAME:																																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AMOUNT OF TOTAL BUDGET:</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>(LESS) NON-MCH FUNDING SOURCES:</td> <td style="text-align: center;">(-)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>(EQUALS) TOTAL CONTRACT BUDGET:</td> <td style="text-align: center;">(=)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td>TOTAL CONTRACT EXPENSES TO DATE:</td> <td></td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>(LESS) MCH PAYMENTS TO DATE:</td> <td style="text-align: center;">(-)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>(EQUALS) AMOUNT REQUESTED FROM MCH:</td> <td style="text-align: center;">(=)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td>TOTAL CONTRACT BUDGET:</td> <td></td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>(LESS) CONTRACT EXPENSES TO DATE:</td> <td style="text-align: center;">(-)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>(EQUALS) REMAINING CONTRACT FUNDS:</td> <td style="text-align: center;">(=)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	AMOUNT OF TOTAL BUDGET:		\$		(LESS) NON-MCH FUNDING SOURCES:	(-)	\$		(EQUALS) TOTAL CONTRACT BUDGET:	(=)	\$						TOTAL CONTRACT EXPENSES TO DATE:		\$		(LESS) MCH PAYMENTS TO DATE:	(-)	\$		(EQUALS) AMOUNT REQUESTED FROM MCH:	(=)	\$						TOTAL CONTRACT BUDGET:		\$		(LESS) CONTRACT EXPENSES TO DATE:	(-)	\$		(EQUALS) REMAINING CONTRACT FUNDS:	(=)	\$		<p style="text-align: center; margin: 0;">CERTIFICATION</p> <p style="margin: 5px 0;">I certify that I am the Facility of said organization, and the revenues for the period shown on these forms with the related balances of and are in accordance with and directives as required by Commonwealth, and City; I understand that any and all are made in reliance by the statement</p> <hr style="border: 0.5px solid black;"/> <p style="margin: 5px 0;">Prepared by:</p> <hr style="border: 0.5px solid black;"/> <p style="margin: 5px 0;">Facility Director/Administrator (Signature)</p> <hr style="border: 0.5px solid black;"/> <p style="margin: 5px 0;">Approved: Director, Maternal & Child Health</p>
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THIS BUDGET MAY BE REVISED WITH THE WRITTEN APPROVAL OF THE DIRECTOR OF MATERNAL & CHILD HEALTH																																													

INSTRUCTIONS – PROGRAM INVOICE SUMMARY FORM INSTRUCTIONS

(This form is to be used by the provider as a cumulative invoice to MCH)

Name:

Identify the organization name and address of the provider preparing the report. This name should be the same party as indicated in the contract with MCH.

Contract Name and Contract Number:

Identify the program for which the budget is being prepared and the City contract number. Obtain the City contract number from page 1 of the contract.

Report Number:

Each report is to be numbered consecutively during the contract period, beginning with Report #1. The last report submitted against the contract should be numbered and marked "Final". (Program Invoice Summary Form Only). When preparing the Program Budget Request Form for a budget revision, indicate the word "Revision" next to For the Period of.

For the period of:

These dates represent the cumulative period for which the report is prepared, for example, where the contract begins on 7/1 the voucher submitted on 8/31 is for the period of 7/1 to 8/31.

Total MCH Funds Approved:

Indicate the amount of MCH funding approved as stipulated in the contract or the amount being requested if this is a budget being submitted for funding.

Certification Statement

Prepared by/Telephone Number:

Indicate the name and phone number of the individual at the corporation who has prepared the budget report/invoice.

Administrator or Executive Director:

The individual who is contractually responsible to MCH must sign and date the budget report/invoice.

Amount of Total Budget: Indicate the total amount of the budget for the entire contract. This amount is obtained from the total line of Section III, Col 1.

Less: Non-MCH Revenue and Income: Indicate the total amount of non-MCH revenue and income as calculated on the total line of Section III, Col 1.

Equals: Total contract Budget: This item represents the total amount of MCH Revenues and Income from Amount of Total Contract Budget.

Total Contract Expenses to Date: Indicate the total amount of contract expenses to date from the beginning of the contract. This amount is obtained from the total of Section III, Col 2.

Less: MCH Payments to Date: Indicate the total amount of MCH payments to date as shown on previous reports submitted. These payments do not necessarily represent actual cash payment preparation.

Equals: Amount Requested from MCH: This item represents the total amount of MCH payments to Date from Total Contract Budget less MCH payments to Date from Total Contract Budget.

Total Contract Budget: This amount reflects the total amount of the contract as mentioned above.

Less: Contract Expenses to Date: This amount represents the total amount of contract expenses to Date as mentioned above.

Equals: Remaining Contract Funds: This item represents the total amount of contract funds available from Total Contract Budget less Contract Expenses to Date from Total Contract Budget.

strative Salaries		
strative Benefits		
Oriented Services Salaries	\$ 58,749.00	3
Oriented Services Benefits	11,456	
velopment		
<i>Sub-total: Personnel Services</i>	70,205	4
EXPENSES (300)		
Expenses	0	
tant Expenses	0	
	4,718	
	0	
ice	2,636	
keeping	0	
unications	691	
Supplies	517	
il Supplies	0	
	0	
Clothing	0	
liation Supplies	1,000	
avel	1,452	
Transport	0	
sed Physician, etc.	0	
sed Client Oriented Services	0	
g Maintenance Expense	0	
ent Maintenance Expense	0	
ehicle Maintenance Expense	0	
Operating Expenses	8,781	
<i>Sub-total: Operating Expenses</i>	19,795	1
ETS (400)		
Equipment & Furnishings	0	
Services Equipment		
Expenses		
<i>Sub-total: Fixed Assets</i>	90,000	5
TOTAL	90,000	5

