

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS**

**INSTRUCTIONS FOR COMPLETING THE MONTHLY INVOICE  
FOR COST REIMBURSEMENT BUDGETS  
(CONTRACTED COMMUNITY SERVICES REIMBURSEMENT FORMAT)**

The monthly invoice is due no later than 30 days after the end of each month. One original plus one copy must be submitted by the due date. **Invoices will not be processed until all required program reports and data have been received.**

**Amounts invoiced must reflect actual costs incurred during the contract term.** Invoiced amounts that merely reflect a prorated portion of the approved budget and not actual cost will be disallowed.

Please round all dollar amounts to the nearest dollar.

In lieu of submitting supplemental invoices when additional costs are identified, include these costs in the next monthly invoice submitted. Include a comment/note on page 5 or attach a spreadsheet that identifies the month(s) that additional costs were incurred.

If no expenditures were incurred during the report month, please submit an invoice for the month reporting \$0 expenditures.

Only for Contracts funded by Ryan White Care Act: Funds are to be used as funds of last resort when no alternate funding sources such as Medi-Cal, Medicare or private insurance are available. If a portion of the service funded under the contract is supported by other revenue sources, report other revenue received on page 2, line 13, column (B).

Only those line items and amounts that are included in your most recently approved budget will be reimbursed.

**Cover Page - Page 1**

The cover page of the monthly invoice must be completed and submitted with the complete invoice. The cover page should include the name and contact number of the staff person that prepared the invoice and must be signed by the individual who is identified in the Contract Contact Verification Form as the Agency Head or Chief Financial Officer/Fiscal Manager. Signatures must be made using blue ink. Payment requests will not be processed until authorized signatures are received. The electronic version of this report will automatically copy the information from this page onto the headers of the following pages. **To expedite processing and payment, please ensure that the header information is completely and accurately filled out and is copied correctly to each subsequent page.**

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS**

**INSTRUCTIONS FOR COMPLETING THE MONTHLY INVOICE  
FOR COST REIMBURSEMENT BUDGETS  
(CONTRACTED COMMUNITY SERVICES REIMBURSEMENT FORMAT)**

**Summary Sheet - Page 2**

This sheet contains summary information drawn from pages three through five of this report. Please note that this page should be completed only after completing pages three through five. The electronic version of this report contains formulas on this page, automatically copying the financial data on pages three through five to this page. Only Row 11, indirect costs, and Row 13, less revenue received, need to be manually entered.

- Rows 1 - 3 summarize Personnel Services (PS) expenditures:
  - Row 1) Total Salaries
  - Row 2) Total Employee Benefits
  - Row 3) Total PS (sum of Row 1 + Row 2)
  
- Rows 4 - 9 summarize Services and Supplies (S&S) expenditures:
  - Row 4) Total Travel
  - Row 5) Total Equipment
  - Row 6) Total Supplies
  - Row 7) Total Other
  - Row 8) Total Consultant and Contractual Services
  - Row 9) Total S&S (sum of Rows 4 through 8)
  
- Row 10, Total Direct Costs, equals the sum of Total PS + Total S&S (Row 3 + Row 9)
  
- Row 11, Total Indirect Costs, equals the DHSP approved share of your NICRA or auditor-approved indirect rate multiplied by the applicable direct costs.
  - Enter contract costs this period in column (B)
  - Enter total costs prior period in column (C)
  - Enter contract budget in column (E).
  
- Row 12, Total Costs, equals the sum of Total Direct Costs and Total Indirect Costs (Row 10 + Row 11)
  
- Row 13, Less Revenue Received, if applicable, equals the sum of other revenue received to support those services funded under the contract. Enter revenue received in column (B).
  
- Row 14, Total Net Costs, equals the sum of Total Direct Costs minus Revenue Received, if applicable.

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS**

**INSTRUCTIONS FOR COMPLETING THE MONTHLY INVOICE  
FOR COST REIMBURSEMENT BUDGETS  
(CONTRACTED COMMUNITY SERVICES REIMBURSEMENT FORMAT)**

- Row 15, Reimbursement Requested, equals Total Net Contract Costs for the Period (Row 14, Column B). Allowable Administrative Costs, equals contract costs Y-T-D x 10% (Row 14, Column D x 10%)

**Personnel Services (PS) – Page 3**

This page reports in detail the actual amounts (not a proportion of the approved budget) expended on salaries and employee benefits. You should include only those individuals on your organization's payroll. Do not list individuals paid as consultants or individuals on the payroll of an organization with which you subcontract.

**Column A    Budget Category - Personnel Services**

List each budget line as it appears in your approved budget. Include both the job title for each position and the employee's name (first name, last name). If a staff person leaves and new staff is hired, show both names on the budget line.

**Column B    Contract Costs This Period**

Enter the actual amount expended for each position listed on the contract budget. For those budget lines where no funds were expended, please enter \$0.

**Column C    Total Contract Costs Prior Periods**

Enter the cumulative total of funds expended for each budget line during prior reporting periods. (Note that in the first month of reporting, this amount should be zero.)

**Column D    Contract Costs Year-to-Date**

This number represents the sum of contract funds expended in all prior periods plus those contract dollars expended during the current reporting period. **The electronic version of this report contains the following formula in this column: Column B + Column C.**

**Column E    Contract Budget**

For each budget line, enter the amount listed in your approved contract budget. **This column should be updated with the most recent budget modification approved during the budget period.**

**Column F    Remaining Balance**

This number references the balance of available contract funds per budget line by subtracting the amount expended year-to-date from the amount budgeted. **The electronic**

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS**

**INSTRUCTIONS FOR COMPLETING THE MONTHLY INVOICE  
FOR COST REIMBURSEMENT BUDGETS  
(CONTRACTED COMMUNITY SERVICES REIMBURSEMENT FORMAT)**

version of this report contains the following formula in this column: **Column E - Column D.**

**Column G Admin %**

For each budget line, enter the administrative percent listed in your approved contract budget. For Full-Time and Part-Time Employee Benefits line, enter the FT and PT Employee Benefits % from your approved budget. **This column should be updated with the most recent budget modification approved during the budget period.**

**Column H Admin Dollars**

These numbers reference the administrative cost based on the most recent approved budget or budget modification percentage for each line item. Multiply the Contract Costs Year to Date (Column D) by the Administrative % (Column G). If the contract cost Year to Date is over the approved budget line, the formula will multiply the approved budget line by the Admin % (Column E x Column G). **The electronic version of this report contains the following formula in this column: IF (Column D < Column E, Column D x Column G, Column E x Column G).** Column H will keep track of your Year to Date administrative expenses. Please note that the limit is 10% of your allowable Year to Date expenditures.

**Services and Supplies (S&S) – pages 4-5**

Use these pages to report all Travel, Equipment, Supplies, Other, and Consultant and Contractual Services expenditures for the reporting period. The five S&S categories listed on these pages correspond to those appearing in your contract budget, please make sure to post expenditures in the same category as your approved budget:

- Travel
- Equipment
- Supplies
- Other
- Consultants and Contractual Services

**Column A Budget Category – Services and Supplies**

List each budget line as it appears in your approved budget.

**Column B Contract Costs This Period**

Enter the actual amount expended for each line item listed on the contract budget. For those budget lines where no funds were expended, please enter \$0.

**Column C Total Contract Costs Prior Periods**

Enter the cumulative total of funds expended for each budget line during prior reporting periods. (Note that in the first month of reporting, this amount should be zero.)

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS**

**INSTRUCTIONS FOR COMPLETING THE MONTHLY INVOICE  
FOR COST REIMBURSEMENT BUDGETS  
(CONTRACTED COMMUNITY SERVICES REIMBURSEMENT FORMAT)**

**Column D Contract Costs Year-to-Date**

This number represents the sum of contract funds expended in all prior periods plus those contract dollars expended during the current reporting period. **The electronic version of this report contains the following formula in this column: Column B + Column C.**

**Column E Contract Budget**

For each budget line, enter the amount listed in your approved contract budget. **This column should be updated with the most recent budget modification approved during the budget period.**

**Column F Remaining Balance**

This number references the balance of available contract funds per budget line by subtracting the amount expended year-to-date from the amount budgeted. **The electronic version of this report contains the following formula in this column: Column E - Column D.**

**Column G Admin %**

For each budget line, enter the administrative percent listed in your approved contract budget. **This column should be updated with the most recent budget modification approved during the budget period.**

- **Column H Admin Dollars**

- These numbers reference the administrative cost based on the most recent approved budget or budget modification percentage for each line item. Multiply the Contract Costs Year to Date (Column D) by the Administrative % (Column G). If the contract cost Year to Date is over the approved budget line, the formula will multiply the approved budget line by the Admin % (Column E x Column G). **The electronic version of this report contains the following formula in this column: IF (Column D < Column E, Column D x Column G, Column E x Column G).** Column H will keep track of your Year to Date administrative expenses. Please note that the limit is 10% of your allowable Year to Date expenditures.

**Agency Comments/Notes: - page 4-5**

This section is used to include any comments or notes needed to process the monthly invoice. An example of this would be if the month of invoice includes 3 pay periods or billing cost incurred but not billed in prior months for a specific line item or personnel.

**If you have any questions about the invoice format or how to complete the invoice, please contact your DHSP Accounting Specialist.**