

**ATTACHMENT E - 2017 INVOICE FORM**  
**QUARTERLY BILLING - PUBLIC HEALTH INTERLOCAL AGREEMENT**



<b>Invoice Number:</b>	<b>Invoice Date:</b>
<b>Bill to: Travis County Health and Human Services &amp; Veterans Services</b>	

Program Costs	Budget	Total Expenditures				Remaining Balance
		Q1 (10/1/2016-12/31/16)	Q2 (1/1/2017-3/31/17)	Q3 (4/1/2017-6/30/17)	Q4 (7/1/2017-9/30/17)	
Quality of Life	611,856					611,856
Austin Healthy Adolescent (AHA)	154,085					154,085
Comprehensive Public Health Planning	167,526					167,526
Chronic Disease Prevention and Control	278,790					278,790
Communicable Disease	1,069,826					1,069,826
Information, Referral & Permitting	163,606					163,606
Rodent/Vector Control & Nuisance Abatement	154,825					154,825
Health and Safety Code Compliance (CCP)	525,900					525,900
Epidemiology and Surveillance	339,229					339,229
Health Authority	136,989					136,989
Immunizations	507,423					507,423
Injury Prevention	28,006					28,006
Office of Vital Records	-164,125					-164,125
Sickle Cell	32,241					32,241
County Vehicle Replacement	28,646					28,646
<b>Total</b>	<b>4,034,822</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,034,822</b>

CERTIFICATION		
The City's signatures below certify that this Payment Request and the corresponding Cost Model workbook and financial reports have been made in accordance with the terms and conditions of the Interlocal. The City further certifies that all information provided is correct and that the amounts invoiced are their reimbursable expenses.		
Authorized Signature for City	Title	Date
Authorized Signature's Printed Name		
Preparer's Signature	Title	Date
Preparer's Signature Printed Name		
PAYMENT APPROVAL - (TRAVIS CO. Staff)		
The Travis County signatures below certify that this Payment Request, the corresponding Cost Model workbook and financial reports have been audited and are in accordance with the terms and conditions of the Interlocal. No concerns were noted and this request may be processed for payment.		
TCHHS/VS Financial Approval	Date	
TCHHS/VS Contract Compliance Approval	Date	
TCHHS/VS Accounting Approval	AMOUNT APPROVED	
PO Receipt Number		Purchase Order Number

<b>Staff Comments:</b>