

INVOICE COVER LETTER TEMPLATE

(Date)

California Department of Public Health
Cancer Detection Section
Contract Manager:
MS 7203
P.O. Box 997377
Sacramento, CA 95899-7377

Contract Number: 10-10413
Term of contract: June 1, 2011 through June 30, 2011
Invoice Number: XXXXX
Period of Invoice: June 1, 2011 through June 30, 2014

Enclosed for your review:

Invoice # ____ in the amount of \$_____

This invoice is for services rendered pursuant to the terms and conditions established in the above referenced contract.

Please make all payments to: (input address)

Sincerely,

(Name of Authorized Representative)
(Title of Authorized Representative)

Enclosure