

**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