

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

For ACCOUNTS MANAGEMENT OFFICE USE ONLY

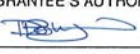
PO#	LINE#	RECEIPT #	TDOH AGENCY INVOICE #
EDISON CONTRACT #			VOUCHER #
EDISON VENDOR #		EDISON ADDRESS LINE #	

NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE	INVOICE NUMBER
Florida Atlantic University Board of Trustee	AWD-001274-04
77 Glades Road	INVOICE DATE
Soca Raton, FL 33431	10/11/2018
61-297-4998	INVOICE PERIOD
Edison Vendor # 201765	FROM 7/1/2018 TO 9/30/2018
CONTRACTING STATE AGENCY	CONTRACT PERIOD
Tennessee Department of Health	FROM 6/1/2017 TO 9/30/2019
PROGRAM AREA	CONTACT PERSON/TELEPHONE NO.

BUDGET LINE ITEMS	(A) TOTAL CONTRACT BUDGET	(B) AMOUNT BILLED YTD (MO./DAY/YR.)	(C) MONTHLY EXPENDITURES DUE	FOR CENTRAL OFFICE USE ONLY
Salaries	\$33,584.68	\$13,012.96	\$6,893.48	SPEEDCHART NUMBER:
Benefits	\$3,888.05	\$3,075.89	\$1,579.12	USERCODE:
Professional Fee/Grant & Award	\$18,755.00	\$2,188.15	\$2,188.15	PROJECT ID:
Supplies				AMOUNT:
Telephone				SPEEDCHART NUMBER:
Postage & Shipping	\$5,354.00			USERCODE:
Occupancy				PROJECT ID:
Equipment Rental & Maintenance				AMOUNT:
Printing & Publications	\$13,769.00			SPEEDCHART NUMBER:
Travel/Conferences & Meetings	\$18,650.00			USERCODE:
Interest				PROJECT ID:
Insurance				AMOUNT:
Specific Assistance to Individuals				SPEEDCHART NUMBER:
Depreciation				USERCODE:
Other Non Personnel				PROJECT ID:
Capital Purchase				AMOUNT:
Indirect Cost	\$9,400.07	\$1,827.70	\$1,066.07	
TOTAL	\$103,400.80	\$20,104.70	\$11,726.82	

I certify to the best of my knowledge and belief that the data above are correct, that all expenditures were made in accordance with the contract conditions, and that payment is due and has not been previously requested.

Please check one of the following boxes
These services are for ☐ medical services
☐ non-medical services

CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE

Title: Assistant Director for Research Accounting
Date: 10/11/2018

PROGRAM APPROVAL AUTHORIZED SIGNATURE

Title: Research Coordinator
Date: 10/11/18

RECOMMENDED FOR PAYMENT

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION FOR FISCAL USE ONLY

Title: _____
Date: _____
ATTACHMENT: _____