

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

For ACCOUNTS MANAGEMENT OFFICE USE ONLY

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

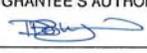
NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE		INVOICE NUMBER	
Florida Atlantic University Board of Trustee		AWD-001274-04	
77 Glades Road		INVOICE DATE	
Boca Raton, FL 33431		10/11/2018	
61-297-4998		INVOICE PERIOD	
Edison Vendor # 201765		FROM 7/1/2018 TO 9/30/2018	
CONTRACTING STATE AGENCY		CONTRACT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

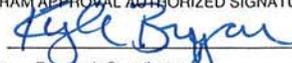
BUDGET LINE ITEMS	(A)	(B)	(C)	FOR CENTRAL OFFICE USE ONLY
	TOTAL CONTRACT BUDGET	AMOUNT BILLED YTD	MONTHLY EXPENDITURES DUE	
		(MO/DAY/YR.)		SPEEDCHART NUMBER:
Salaries	\$33,584.68	\$13,012.96	\$6,893.48	USERCODE:
Benefits	\$3,888.05	\$3,075.89	\$1,579.12	PROJECT ID:
Professional Fee/Grant & Award	\$18,755.00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

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

RECOMMENDED FOR PAYMENT

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

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION FOR FISCAL USE ONLY
 Title: _____
 Date: _____

ATTACHMENT: _____