**Appendix F:**

**Sample Invoices**

|  |  |
| --- | --- |
| **Evaluator Name**  Mailing Address  City, CA Zip  Phone | **INVOICE** |
| **TO:**  Project Director Name  Tobacco Control Program  ABC County  Mailing Address  City, CA Zip | Invoice No.: XXX  Invoice Date: March 31, 2018  Amount Due: $7,225.00  *Due and Payable Upon Receipt* |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | | **HOURS** | **COST** |
| *For evaluation consulting services for the Tobacco Control Program – January – March 2018* | |  |  |
| Obj. 1 Flavors/ESDs Policy (Primary Objective) | 1-E-10 YATPS Data Collection Training Post Training Assessment – Instrument  1-E-1 Key Informant Interviews - Report  1-E-8 Young Adult Tobacco Purchase Survey – Instrument/TA/ Database | 24.75 | $2,475.00 |
| Obj. 2: SF Multi-Unit Housing | 2-E-8 Post Cessation Follow-up – Instrument/TA  2-E-8 Cessation Services – Instrument/TA | 5.0 | $500.00 |
| Obj. 3: Coalition Building | 3-E-2 Coalition Survey – Instrument/TA  3-E-1 Asset Mapping – Instrument/Plan, Prepare & Conduct Session  3-E-6 Diversity Matrix – Instrument/TA  3-E-7 Participation/Activity Log – TA | 17.5 | $1,750.00 |
| Program Scheduling & Monitoring | Meetings with Project Director/staff (1/23, 1/24, 2/22, 2/28, 3/6), including prep, and email communication; Project planning and monitoring; statewide meetings/trainings | 18.5 | $1,850.00 |
| Travel | Round-trip travel time to ABC County | 6.5 | $650.00 |
| 2017/21 Evaluation Plan Changes | *No activity* | - |  |
| **TOTALS** | | 50.0 | $7,225.00 |

*Please make check payable to:*

Evaluator Name

|  |  |
| --- | --- |
| **Evaluator Name**  Mailing Address  City, CA Zip  Phone/Fax | **INVOICE** |
| **TO:**  Project Director Name  Tobacco Control Program  ABC County  Mailing Address  City, CA Zip | Invoice No.: XXX  Invoice Date: March 31, 2018  Amount Due: $x,xxx.xx  *Due and Payable Upon Receipt* |

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **HOURS** | **COST** |
| *For evaluation consulting services for the Tobacco Control Program – January – March 2018* | 50.0 | $x,xxx.xx |
| **TOTALS** | 50.0 | $x,xxx.xx |

*Please make check payable to:*

Evaluator Name