STATE OF TENNESSEE

FY - 2018

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

INVOICE FOR REIMBURSEMENT

(EDISON) NAME OF GRANTEE :	Davidson County MH & Veteran's Court Assistance Foundation	(EDISON) FEDERAL PROJECT CODE:	
(EDISON) REMITTANCE ADDRESS:	P.O. Box 198072 Nashville TN 37219	GRANTEE REFERENCE #:	
		MONTHLY INVOICE ENDING DATE:	7/31/2017
(EDISON) VENDOR NUMBER:	183016	INVOICE PERIOD COVERED:	7/1/17 - 7/31/17
(EDISON) CONTRACT #	54893	INVOICE PREPARER NAME:	Mark Winslow
CONTRACT PERIOD:	July 1, 2017 - June 30, 2018	TELEPHONE #:	615-862-8320
(EDISON) ACCOUNT CODE:	71304000	E-MAIL:	markwinslow@jis.nashville.org

THIS FORM IS DESIGNED TO BE USED FOR ONE PROGRAM, IF YOU HAVE SEVERAL PROGRAMS, YOU MUST COMPLETE A FORM FOR EACH PROGRAM.

PROGRAM CODE: / PROGRAM NAME: / CONTRACT BUDGET:	310305 / Recovery Court - Adult II / $100,000.00	CONTRACT BUDGETED AMOUNT	YEAR-TO-DATE EXPENDITURES BILLED TO TDMHSAS	THIS MONTH'S TDMHSAS EXPENDITURES	AMOUNT DUE	TDMHSAS USE ONLY
1 & 2	SALARIES, BENEFITS & TAXES	$63,282.00	$0.00		$0.00	P.O. #:
4, 15	PROFESSIONAL FEES/GRANTS AND AWARDS	$23,819.00	$0.00		TDMHSAS USE ONLY	
5, 6, 7, 8,9 & 10	SUPPLIES, TELEPHONE, POSTAGE, OCCUPANCY EQUIPMENT RENTAL & PRINTING	$0.00	$0.00			
11 & 12	TRAVEL, CONFERENCES & MEETINGS	$5,000.00	$0.00			CONTRACT#
13	INTEREST	$0.00	$0.00			
14	INSURANCE	$0.00	$0.00			
16	SPECIFIC ASSISTANCE TO INDIVIDUALS	$7,899.00	$0.00			PROGRAM #
17	DEPRECIATION	$0.00	$0.00			
18	OTHER NONPERSONNEL EXPENSES	$0.00	$0.00			
20	CAPITAL PURCHASE	$0.00	$0.00			AMOUNT:
21	**TOTAL DIRECT PROGRAM EXPENSES**	**$100,000.00**	**$0.00**	$0.00		$
22	INDIRECT COSTS / ADMINISTRATIVE EXPENSES	$0.00	$0.00			
23	**TOTAL DIRECT AND ADMINISTRATIVE EXPENSES**	**$100,000.00**	$0.00	**$0.00**		**TOTAL:**
24	IN-KIND EXPENSES	$0.00	$0.00			$
25	**TOTAL EXPENSES**	**$100,000.00**	$0.00	$0.00		

I Certify, to the Best of my Knowledge and Belief, the data above is correct and all expenditures were made in accordance with the contract conditions and payment is due and has not been previously requested.

(REQUIRED) GRANTEE'S AUTHORIZED SIGNATURE:

NAME TITLE

DATE

TDMHSAS SECTION ONLY

APPROVED

BY:_____DATE_____

If not approved for payment – please state reason:

_____

DISAPPROVED BY:_____

DATE:_____PROGRAM DIRECTOR

TIMELY FILED ERROR FREE INVOICES SPEED UP PAYMENT PROCESSING AND ARE APPRECIATED.

Form Date: 6/30/17