

THIRD-PARTY ADMINISTRATOR INVOICE

Sample

Submit Invoice To: [APSEUInquiry@dmh.lacounty.gov](mailto:APSEUInquiry@dmh.lacounty.gov)

Invoice Period:

Agency Name:

Project Name: Third-Party Administrator

COST CATEGORIES	Actual Jul 2025	Actual Aug 2025	Actual Sept 2025	Actual Oct 2025	Actual Nov 2025	Actual Dec 2025	Actual Jan 2026	Actual Feb 2026	Actual Mar 2026	Actual Apr 2026	Actual May 2026	Actual Jun 2026	YTD Actual Totals	Budget Total	Budget Balance
CBO Disbursements													-		-
Contractor Administrative Costs															
Salary (including Benefits)													-		-
Services and Supplies													-		-
Other: Specify													-		-
Overhead													-		-
Contractor Admin Cost Subtotal													-		-
Total Agency Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-		-

I CERTIFY THAT THIS CLAIM IS IN ALL RESPECTS TRUE, CORRECT, AND SUPPORTABLE BY AVAILABLE DOCUMENTATION, AND IN COMPLIANCE WITH ALL TERMS/CONDITIONS, LAW AND REGULATIONS GOVERNING ITS PAYMENT.  
WE ACCEPT RESPONSIBILITY FOR MAINTAINING DOCUMENTATION THAT SUPPORT ALL GRANTEE EXPENDITURES.

Signature of Authorized Representative

Director of Grants: Intermediary

Printed Name & Title

Date

Senior Grant Associate

Prepared by

NOTES			
Total CBO payments per Supervisorial District for 2025 is as follows:		Total CBO payments per Supervisorial District cumulative is as follows:	
Supervisorial District:	Amount	Supervisorial District:	Amount
1		1	-
2		2	-
3		3	-
4		4	-
5		5	-
Total	-	Total	-