## ATTACHMENT E– MONTHLY INVOICE

**DEPARTMENT OF HUMAN RESOURCES**

**CECIL COUNTY DEPARTMENT OF SOCIAL SERVICES**

**170 East Main Street**

**P.O. Box 1160**

**Elkton, MD 21922-1160**

**Attn: Latonya Cotton, Asst. Director for Services**

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| --- | --- | --- |
| **VENDOR NAME and ADDRESS:** | **Federal Tax I.D. #:** | **Contract #:** |
| **Report Month:** | **Purchase Order #:** |
| **Monthly Amount** | **Approved Budget** | **Year-to-Date****Expenditure** | **Available Balance** |
| $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(1/6 of Annual Contract Amount)** |  |  |  |

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**Prepared By:**  **Date Signed**

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**Name/Title (Print or Type)**

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| **FOR CEDSS USE ONLY** |
| Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |