

**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
Trustee Greene County		<b>GG248066APR24</b>
State Grant Programs		INVOICE DATE
P.O. Box 115		5/20/2024
Greeneville, TN 37744-0115		INVOICE PERIOD
Edlson Vendor # '0000001530		FROM TO
		4/1/2024 4/30/2024
CONTRACTING STATE AGENCY Tennessee Department of Health		CONTRACT PERIOD
		FROM TO
		7/1/2023 6/30/2024
PROGRAM AREA Local Health Services		CONTACT PERSON/TELEPHONE NO.
OCR CONTRACT NUMBER GG-24-80366-01		Danny Lowery, Budget Director, (423)798-1703

BUDGET LINE ITEMS	(A) TOTAL CONTRACT BUDGET	(B) AMOUNT BILLED YTD 4/30/2024 <small>(MO./DAY/YR.)</small>	(C) MONTHLY EXPENDITURES DUE	FOR CENTRAL OFFICE USE ONLY
				SPEEDCHART NUMBER: USERCODE: PROJECT ID: AMOUNT:
Salaries	\$524,328.00	\$182,279.27	\$21,447.76	
Benefits	\$212,528.00	\$55,515.20	\$5,912.47	SPEEDCHART NUMBER:
Professional Fee/Grant & Award	\$8,500.00	\$244.44	\$40.87	USERCODE:
Supplies				PROJECT ID:
Telephone	\$500.00			AMOUNT:
Postage & Shipping				
Occupancy				SPEEDCHART NUMBER:
Equipment Rental & Maintenance				USERCODE:
Printing & Publications				PROJECT ID:
Travel/Conferences & Meetings	\$11,200.00	\$209.78	\$106.50	AMOUNT:
Interest				
Insurance	\$4,600.00			SPEEDCHART NUMBER:
Specific Assistance to Individuals				USERCODE:
Depreciation				PROJECT ID:
Other Non Personnel				AMOUNT:
Capital Purchase				
Indirect Cost				
<b>TOTAL</b>	<b>\$761,656.00</b>	<b>\$238,248.69</b>	<b>\$27,507.60</b>	

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/GRANTEES AUTHORIZED SIGNATURE

PROGRAM APPROVAL AUTHORIZED SIGNATURE

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION  
FOR FISCAL USE ONLY

*Kevin C. Monahan*  
 Title: County Mayor  
 Date: 5-29-24

\_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

ATTACHMENT: \_\_\_\_\_