

ONBOARDING GRANT BUDGET (RIDER 3)									
Monthly Progress Report and Invoice									
Items of Work									
Grantee	SAP Invoice								
Name:	. Document No.:								
Grantee									
Address:	Date:								
			Report No.:						
			Agreement N	0.:					
			Vendor No.:						
			Fund Docume	Fund Document					
			Commitment	No.:					
		SE	CTION 1						
	ELIGIBLE INPATIE	NT HOSPI	TAL(S) OR INPA	TIENT F	ACILITY(S)				
	(Maxim	um of \$7	5k per Hospital/	'Facility)					
	•		nal rows as nee						
			Amount Budg		Amount (laimed	Total	Claimed to	
	Description	Qty	to:	0000 o.p	This Inv		Date:		
1.	<insert facility="" hospital="" nam<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></insert>								
а.	Phase 1 (Contracting)	1	\$20,000.	00					
a.	Phase 2 (Technical	1	,000.	00					
b.	Implementation)	1	\$25,000.	00					
р. С.	Phase 3 (Production)	1	\$30,000.						
2.				00					
	<insert facility="" hospital="" nam<="" th=""><th>-</th><th></th><th>00</th><th></th><th></th><th></th><th></th></insert>	-		00					
а	Phase 1 (Contracting)	1	\$20,000.	00					
h	Phase 2 (Technical	1	625 000	¢35,000,00					
b	Implementation)	1		\$25,000.00					
c	Phase 3 (Production)	1		\$30,000.00					
3.	<insert facility="" hospital="" nam<="" th=""><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th></insert>	-							
a.	Phase 1 (Contracting)	1	\$20,000.	00					
	Phase 2 (Technical	1	40- 000	~~					
b.	Implementation)		\$25,000.						
С.	Phase 3 (Production)	1	\$30,000.	00					
Section 1 Tot	al Approved Budget Amount:								
SECTION 2									
ELIGIBLE OUTPATIENT PRACTICE(S) OR OTHER OUTPATIENT PROVIDER ORGANIZATION(S)									
(Maximum of \$35k per Outpatient Practice or Other Outpatient Provider)									
*Add additional rows as needed									
						Amo	unt	Total	
				Amount		Claimed This		Claimed to	
	Description	Qty		Budgeted up to:		ed up to:		Date:	
	<pre></pre>								
1.									
a.	Phase 1 (Contracting)	1	\$10,000.	00					
		—	alth Partnership Progra		1		1		

625 Forster St, Room 605 | Harrisburg, PA 17120 | 717.265.7850 | Fax 717.346.6772 | www.paehealth.org

	Phase 2 (Technical	1							
b.	Implementation)	-	\$10,000	.00					
С.	Phase 3 (Production)	1	\$15,000.00						
	<insert eligible="" outpatien<="" td=""><td>NT PRACTICE O</td><td>R OTHER OUTPA</td><td>TIENT PI</td><td>ROVIDER OI</td><td>RGANIZAT</td><td>TION NA</td><td>A<i>ME,</i></td></insert>	NT PRACTICE O	R OTHER OUTPA	TIENT PI	ROVIDER OI	RGANIZAT	TION NA	A <i>ME,</i>	
2.	ADDRESS, AND NPI#>								
_		1	¢10.000	00					
а.	Phase 1 (Contracting)		\$10,000.00						
b.	Phase 2 (Technical Implementation)	1	\$10,000.00						
<u>р.</u> С.		1	\$15,000.00						
с.	Phase 3 (Production)	-							
3.	<pre></pre>								
	ADDRESS, AND NPI#>							,	
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	Phase 1 (Contracting)		\$10,000.00						
b.	Phase 2 (Technical	1							
	Implementation)		\$10,000	.00					
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	Phase 3 (Production) otal Approved Budget Amount:		\$15,000	.00					
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Section 3 Total Approved Budget Amount:								
			Total Amount					
	Total Approved Project		Claimed on this					
	Amount:	\$	Invoice:					
	· · · · ·							
Please describ	e any significant challenges or lesson learn	ed during this reporting p	eriod:					
		0						
By signing hel	ow, I certify that the amounts of funds clair	med this invoice have met	all requirement as defi	ned in the				
	ow, i certify that the amounts of funds claim	ned this invoice have met	an requirement as den					
agreement.								
Grantee's Sigr	Date	Date						
**Please note: In conjunction with this form, the Grantee may need provide supporting documentation for each line item								
as identified in grant program announcement.**								