



Fiscal Year 2025-2026

VBI Year 3 Invoice Form

Substance Abuse Prevention and Control Value-Based Incentives (VBI) Invoice Form Fiscal Year 2025-2026

Activity Name	
Total Funding Requested	

Provider Agency Signature and Attestation

I attest that the information submitted in this invoice and supporting documentation is true and factual, that our organization will use the funds as described in the Value-Based Incentives Package, and that our organization will submit the required deliverables on time to avoid recoupment. I acknowledge that we must adhere to and are subject to all the reporting, auditing, tracking, and recoupment requirements described in the Value-Based Incentives Package and the Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract, as well as all applicable federal, state, and local rules and regulations, and verify that I have authorized decision-making authority to commit to the requested funds.

Agency Name		Contract Number	
Name		Signature	
Title		Date	

SAPC INTERNAL USE – Do Not Enter Information

	Reviewer Name	Signature	Date
Program Reviewer			
Finance Reviewer 1			
Finance Reviewer 2			