## Attachment 4 Project Invoice Schedule

The following invoice schedule needs to provide details on the fees associated with the Systems support services for the Health and Human Services Enterprise Operating Model identified in the RFP Document.

Invoicing will submitted at the end of each month of service along with the corresponding month's status report in accordance to Contract payment terms.

The Contractor shall separately invoice the Department and AHCT for Maintenance and Operation of the Systems.

**Table 1: Project Invoicing Schedule** 

Time Period	Fees per State of Connecticut FY	
		Total Fees

**Table 2: Project Invoicing Dates** 

Date	ln #	Invoice Description	Monthly Fees