

Exhibit 14
Payment Schedule – Sample Invoice for Reimbursement

HOSPITAL LETTERHEAD

Invoice No. COPXX-DXX

DATE

Contract Manager's Name
Florida Department of Health
Bureau of Preparedness and Response
4052 Bald Cypress Way, Bin A-23
Tallahassee, FL 32399-1746

RE: HPP Contract COP XX

Dear [insert Contract Manager's name]:

We are requesting payment for Deliverable X [Insert deliverable number here] that has been completed, in the amount of \$xx,xxx.xx in accordance with the terms of our contract.

I further certify that the services for Task(s) X.X [add additional task numbers if applicable] associated with deliverable X have been performed and/or received

Please remit payment to: Legal Name of Hospital as it appears in contract and in MyFloridaMarketPlace (MFMP)
Anywhere, Florida 12356 (must also match contract and MFMP exactly)

Sincerely,

SIGNATURE REQUIRED

John Doe
Director of Safety Operations

Enclosure: MBE Expenditure Report (Attachment IV)

COP