|  |  |
| --- | --- |
| Grantee Letter HeadREMIT TO:Street Address that matches OasisCity, ST ZIP Code That matches Oasis | INVOICEInvoice # unique numberDate: Todays date |
| Bill tO:WV Department of Human ServicesBureau for Behavioral Health350 Capital St Room 350Charleston WV 25301 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Grant number | Commitment number | Due Date | Service period |
| G240000 | GRNT240000000000 | 7/15/19 | 7/1/19-7/30/19 |

|  |  |
| --- | --- |
| DESCRIPTION | TOTAL |
| Schedule of payment for (Description of Program from Form 200 of the grant agreement.) | 0.00 |

|  |  |  |
| --- | --- | --- |
|  | TOTAL due | 0.00 |

|  |
| --- |
| CERTIFICATion statement |
| I hereby certify that the payment is due in accordance with the schedule of payment.Grantee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |