|  |  |
| --- | --- |
| Grantee Letter Head REMIT TO:  Street Address that matches Oasis  City, ST ZIP Code That matches Oasis | INVOICE Invoice # unique numberDate: Todays date |
| Bill tO: WV Department of Human Services  Bureau for Behavioral Health  350 Capital St Room 350  Charleston WV 25301 |  |

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| --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |