Grantee Letter Head

REMIT TO:
Street Address that matches Oasis
City, ST ZIP Code That matches Oasis

INVOICE

INVOICE # UNIQUE NUMBER
DATE: TODAYS DATE

BILL TO:
WV Department of Human Services
Bureau for Behavioral Health
350 Capitol St Room 350
Charleston WV 25301

GRANT NUMBER	COMMITMENT NUMBER	DUE DATE	SERVICE PERIOD
G260000	GRNT260000000000	7/15/26	7/1/26-7/30/26

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 certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I further certify that this request for payment is in full compliance with the cash management standards outlined in the Grant Agreement and that the funds requested are limited to the minimum amount needed to cover allowable project costs that are incurred or anticipated to be incurred within the immediate period. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Grantee Signature_____ Date: _____

Printed Name and Title:

_____