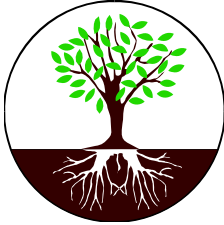


- EXAMPLE -



XYZ Corporation

1234 N First Ave.
Hillsboro, OR 97123

INVOICE

July 1, 2002

Contract: 96-94302
EIN: 93-429230

Program	Service Period	Amount
Dental Care	June, 2002	\$1,200
Outreach	June, 2002	\$ 800
Aftercare	June, 2002	\$2,300
Total Requested		\$4,300

John Doe, Accounting Manager
503-222-4534
doej@earthlink.com

Your invoice MUST be a signed original and cannot be transmitted electronically via fax or email. It should contain:

- The name of your organization
- The name of your program
- The words Request for Payment or Invoice
- Your contract number
- Your EIN
- The date the invoice was mailed
- The date that service was provided (month or quarter)
- The amount your are invoicing
- An authorized signature
- The name and contact number/e-mail of the person preparing the invoice