INVOICE

[Agency Name]

DATE:
INVOICE #

[Stress Address]
[City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]

BILL TO:
WV Office of Economic Opportunity
700 Washington Street, East-4th Floor
Charleston, WV 25301
(304) 558-8860

DESCRIPTION	AMOUNT
SUBTOTAL	$0.00
OTHER	$0.00
TOTAL	$0.00

OTHER COMMENTS

Authorized Agency Signature

Title

Date