

INVOICE

Grantor will fill out Highlighted area.

Organization Name:

Vendor Number:

Invoice Number:

Address:

Invoice Date:

Grant ID/
Award Agreement

Phone Number:

Grant Agreement:

E-mail Address:

TO: West Virginia Higher Education Policy Commission

Attn: Deloris Vance

1018 Kanawha Blvd., East, Suite 700

Charleston, WV 25301

DESCRIPTION	AMOUNT
Payment of Award #	\$
Dates of Service:	
Brief Description of Grant Award Being Invoiced For:	
TOTAL	\$

Grantee's Funding Code

(INTERNAL ACCOUNT ONLY)

Grantor's Funding Code:

Signature: _____

Print Name: _____