

SERVICES INVOICE

TO: West Virginia Department of Arts, Culture and History
The Cultural Center
1900 Kanawha Boulevard, East
Charleston, WV 25305-0300

SERVICES DESCRIPTION: _____

AMOUNT INVOICED: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

wvOASIS VENDOR #: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

I certify that the services listed hereon have been received and approved for payment.

FUND: _____ SUB FUND: 0000 DEPARTMENT: 0432 UNIT: _____

APPR UNIT: _____ OBJECT: _____ SUB OBJECT: _____

PROGRAM: _____ PROGRAM PERIOD: _____

BY: _____ DATE: _____