Invoice

Date Invoiced	Invoice Number

Bill To:

WV Division of STD, HIV, Hepatitis and TB
Office of Epidemiology and Preventive Services
350 Capitol Street, Room 125
Charleston, WV 25301-3715

Item	Description	Qty. (hours)	Rate	Amount
TB Control	Tuberculosis Control Program, [Date of service]		X $20.00 =	

Total	$

I CERTIFY THAT THIS IS THE ORIGINAL INVOICE AND THAT PAYMENT HAS NOT BEEN RECEIVED.

Local Health Dept. Signature --