OKLAHOMA STATE DEPARTMENT OF HEALTH CONTRACT INVOICE

Invoice Number:	Date Prepared:	
Period of Service:	through	
Contractor FEI/SSN:	Purchase Order #:	
Name:		
Address:		
City, State ZIP:		

County where services were provided

SERVICE DATE

				UNITS OF	PRICE PER		
MO	DAY	YR	DESCRIPTION OF SERVICE RENDERED	SVC	UNIT	TOTAL	
-							
Total cost of Services Rendered							

STATE OF OKLAHOMA, COUNTY OF

The undersigned contractor certifies that this invoice is true and correct and that the services shown on this invoice have been completed in accordance with the specifications of the referenced contract and purchase order. Contractor also states that (s) he has made no payment, given or donated or agreed to pay, give or donate, either directly or indirectly, to any elected official, officer, or employee of the State of Oklahoma, money or any other thing of value to obtain payment or the award of this contract.

				Contractor Signature	
Subscribed and sworn to before me this		day of		20	
My commission	expires:				
				Notary Public (County Clerk or Judge)	
OFFICIAL US	E ONLY				
				Program Supervisor Signature	
Vendor		P/O			
	Y / N	<u> </u>			
LIQ	Final	Period			
		-		Contract Monitor Signature	
Fund		Account			
Sub-Activity		Object Code			
-,		,			
Funded By		Date			