|  |  |
| --- | --- |
| Community-Based Organization Name Street Address  City, ST ZIP Code  Phone: xxxxxxx  Tax ID/EIN # xxxxxx  OHA Contract # xxxxxx | INVOICE Invoice # xxxxDate: xxxx |
| To: Oregon Health Authority  CBO COVID-19  800 NE Oregon St., Ste. 930  Portland, OR 97232  Phone: 971-673-2284 |  |

|  |
| --- |
| Please submit invoice to [community.covid19@dhsoha.state.or.us](mailto:community.covid19@dhsoha.state.or.us) |

|  |  |
| --- | --- |
| DESCRIPTION | TOTAL |
| Invoice for COVID-19 CBO grant as outlined in grant agreement for initial payment. | xxxx |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Due | xxxx |

|  |
| --- |
|  |

Make all checks payable to Community-Based Organization Name

If you have any questions concerning this invoice, contact your Community Engagement Coordinator or [community.covid19@dhsoha.state.or.us](mailto:community.covid19@dhsoha.state.or.us).

Payment due upon receipt.