|  |  |
| --- | --- |
| Community-Based Organization NameStreet AddressCity, ST ZIP CodePhone: xxxxxxxTax ID/EIN # xxxxxxOHA Contract # xxxxxx | INVOICEInvoice # xxxxDate: xxxx |
| To:Oregon Health AuthorityCBO COVID-19800 NE Oregon St., Ste. 930Portland, OR 97232Phone: 971-673-2284 |  |

|  |
| --- |
| Please submit invoice to 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.

Payment due upon receipt.