

INVOICE

SERVICE AGREEMENT

(consultant name)

(street address for remitting payment)

(city, state, ZIP code)

(tax identification number: SSN or FEIN)

DATE _____
(enter date invoiced)

Purchase Order # _____
(enter purchase order number)

Customer West Virginia Department of Education
1900 Kanawha Boulevard East
Building 6, Room 204
Charleston, WV 25305

Payment is requested in the amount of \$ _____ for
performance of the consulting services (described below) to the WVDOE
beginning _____ through _____
(start date of service) (end date of service)

(detailed description of consulting services rendered)

(signature of consultant)

FOR DEPARTMENT USE ONLY

I certify the above consultant has completed their commitment to the West Virginia Department of Education and that payment is hereby authorized.

(signature of person certifying invoice)

Date _____

Travel expenses to be reimbursed? _____
(yes) (no)

INVOICE

STIPEND PAYMENT

(recipient name)

(street address for remitting payment)

(city, state, ZIP code)

(tax identification number: SSN or FEIN)

Date _____ Purchase Order # _____
(enter date invoiced) (enter purchase order number)

Sponsor West Virginia Department of Education
1900 Kanawha Boulevard East
Building 6, Room 204
Charleston, WV 25305

Payment is requested in the amount of \$ _____ as a
stipend for attending the educational training (described below) sponsored by the
WVDOE beginning _____ through _____
(start date of training) (end date of training)

(detailed description of educational training attended)

(signature of recipient)

FOR DEPARTMENT USE ONLY

I certify the above recipient has completed the training sponsored by the West Virginia Department of Education and that payment is hereby authorized.

(signature of person certifying invoice)

Date _____

Travel expenses to be reimbursed? _____
(yes) (no)