

Vendor Invoice Cover Page

Vendor Information

Vendor Invoice #		Email completed invoices to EPCPVendors@healthresearch.org	
Vendor Name		DBA	
Email		Phone	
Mailing Address			

Installations

Application ID	County	Preassessment Date	Installation Date	Item installed: Sleeve AC - Window AC Portable AC - Fan	Costs				
					Labor	Unit	Materials	Other	Total
								Pg total	

I hereby certify that, to the best of my knowledge, the provided information is true and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Vendor Signature: _____ Print Name: _____ Date: _____

Please number & attach additional pages, if needed.

Installations (cont.)

[illegible]