INVOICE						
Purchase Order Number:						
FEI Number:						
Send to:						
	Protective Health Services/Emergency Systems					
	Attention: Dale Adkerson, EMS Director					
	1000 Northeast 10th Street					
Oklahoma City, OK 73117-1299						
Contractor Name:						
Contractor Contact Name:						
Email Address:						
Address:						
City/State/Zip Code:						
Area Code/Phone #:						
Item	Date	Date	Description of purchase and name of	Name of Budget	Amount	
Name	Ordered	Received	budget item on RFP Submitted to OSDH*	item per RFP	Requested	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
SUBTOTAL					\$	
Minus Any Matching Funds (if applicable)						
Total Requested					\$	
Total Requested					\$	
Submitted by:						
Signature Date						
2012 05						

^{*} Please submit documentation verifying your purchase was budgeted on the budget form submitted with your Request for Proposal. (Example: "CP 1061422 Bi/Pap S/T M Series budgeted as Transport Ventilator")