VENDOR INVOICE
Partners in Prevention Fund

Provider: Today's Date:

Vendor #:

Remittance Address:

City, State, Zip:

Contract Number: Contact Name:

Purchase Order (PO) Number: Phone Number:

Invoice #:

Invoice Period Begin Date: Invoice Period End Date:

Program Name	Date(s) Provided	Cost:
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	TOTAL DUE:	$_____

MAIL INVOICE TO:

FCG - Accounts Payable
PO Box 1147
Fairfax, VA 22038-1147

~~~
~~~