

**OHEP QUARTERLY INVOICE**

Contractor's Name:

Address:

Contract Number:

Federal Tax I.D. #:

Purchase Order #:

Month of Service/Year:

Telephone #:

Fax #:

Bill To:

Department of Human Services

Office of Home Energy Programs

311 W. Saratoga Street, Room 239

Baltimore, MD 21201

Telephone #:410-767-5324

Fax #: 410-333-0079

Reporting Period: \_\_\_\_\_

<b>Annual Budget</b>	<b>Year-to-Date Expenditure</b>	<b>Available Balance</b>	<b>Quarterly Invoice Amount (1/4 of Annual Budget)</b>
\$	\$	\$	\$

\_\_\_\_\_  
Name and Title (must sign in blue ink)

\_\_\_\_\_  
Date

**FOR OFFICE OF HOME ENERGY PROGRAMS USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_