

INVOICE

**Subcontractor Name
Address
City, State and Zip**

TO: Orange County Office for the Aging
Attn: Fiscal Department
18 Seward Avenue
Middletown NY 10940

DATE: January 31, 2016

INVOICE #: JAN-2016

QTY	DESCRIPTION	RATE	TOTAL	*** OFA use only*** AUDIT ADJUSTMENT
100	Transportation - Title IIIB Program	\$10.00	\$1,000.00	
	Less - Participant Contributions		(\$10.00)	
	Less - Contributed by Subcontractor	15.00%	(\$148.50)	

TOTAL DUE: \$841.50

Authorized Signature