

# INVOICE

Name  
Address  
City, State and Zip

**TO:** Orange County Office for the Aging  
Attn: Fiscal Department  
40 Matthews Street, Suite 305  
Goshen, NY 10924

**DATE:**

**INVOICE #:**

BUDGET CATEGORY	20xx BUDGET	EXPENDED THIS PERIOD	*** OFA use only*** AUDIT ADJUSTMENT
Personnel	\$0.00		
Fringe Benefits	0.00		
Equipment	0.00		
Travel	0.00		
Maintenance & Operations	0.00		
Other Expenses	0.00		
Subcontracts	0.00		
Food	0.00		
<b>SUB-TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	
LESS - PROGRAM INCOME			
LESS - MATCHING FUNDS	0.00	\$0.00	
	0.00%		
<b>TOTAL OCOFA FUNDS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**TOTAL DUE:** \$0.00

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Authorized Signature