

**FY 2012 DETAIL INVOICE  
STATE FUNDING  
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: \_\_\_\_\_  
 REMITTANCE ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grant # \_\_\_\_\_  
 COMMITMENT # \_\_\_\_\_  
 INVOICE # \_\_\_\_\_  
 FEIN # \_\_\_\_\_  
 WVFIMS VENDOR # \_\_\_\_\_

DATES OF SERVICE FROM: \_\_\_ / \_\_\_ / \_\_\_ TO: \_\_\_ / \_\_\_ / \_\_\_

STATE ACCOUNT NUMBER	ALLOCATION FOR YEAR	TARGET FUNDING	OTHER	TOTAL CURRENT BILLING	YEAR TO DATE BILLING	REMAINING ON CONTRACT
0525-2012-2849-219-252/258 GENERAL FUNDING				\$0.00		\$0.00
0525-2012-3041-219-252/258 SUPPORT/ALTERNATIVE				\$0.00		\$0.00
0525-2012-3065-219-252/258 UNCOMPENSATED CARE				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
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				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
0525-2012-XXXX-219 TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00