Phone: 555-555-5555

Fax: 222-222-2222

Email: xyz@example.com

Website: http://mysite@example.com

Your Street Address

Rural, ND 55555

**SAMPLE FORMAT FOR INVOICE**

DATE: ENTER DATE

# Hospital Letterhead

TO: Anna Walter

Center for Rural Health

UND School of Medicine and Health Sciences

1301 N Columbia Road – Stop 9037

Grand Forks, ND 58202-9037

anna.walter@und.edu

FROM: CEO Name

CAH/RHC Name

REFERENCE: Flex Peer Exchange Reimbursement Request

Request for reimbursement as follows: Enter your dollar amounts

Hotel $0

Total Mileage CAH/RHC (roundtrip x $0.67): $0

**TOTAL AMOUNT OF THIS REQUEST:** $0

Please contact Enter Name at (enter phone number), if you have any questions regarding this invoice.



Thank you,

Contact Name

Facility Name