



Meaningful Access Housing Program

INVOICE

Agency Name: _____

Date: _____

Contact Person: _____

Invoice# _____

Contact Number: _____

Pay to the order of: _____

BILL TO:

Mailing Address (check will be mailed to):

Ohio Alliance to End Sexual Violence

6111 Oak Tree Blvd #140,

Independence, OH 44131

HOUSING@OAESV.ORG

DESCRIPTION

AMOUNT

TOTAL \$ _____

Please submit all appropriate documentation to housing@oaesv.org

Receipt(s) is needed along with an invoice before payment can be issued.

No fees related to damages nor taxes will be reimbursed.