

Attachment D

## **Sample Invoice**

Form Approved  
OMB No. 0920-0021  
Exp. XX/XX/XXXX



# Department of Pathology

West Virginia University  
Morgantown, WV 26506-8009  
304-293-3212 fax 304-293-6249

Invoice No.

## INVOICE

### Customer

Name NIOSH National Coal Workers Autopsy Study  
Address 1095 Willowdale Road  
City Morgantown State WV ZIP 26506  
Phone (304) 285-6724

Date 4/13/2006  
Invoice # NIOSH1  
Rep \_\_\_\_\_  
FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
1	Autopsy Service The Department of Pathology, WVU Hospitals has not received compensation for the autopsy from the patient's widow, his surviving next-of-kin, the estate of the patient, or any other sources. Patient ID: [REDACTED]	\$200.00	\$200.00

### Payment Details

MAKE CHECKS PAYABLE TO  
West Virginia University Hospital  
Acct# 115 Anatomic Pathology

SubTotal	\$200.00
Shipping & Handling	
Taxes WV	
<b>TOTAL</b>	<b>\$200.00</b>

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