

# Payment Form (Invoice)

**Invoice to:**

**Missouri Department of Health & Senior Services  
Bureau of Cancer & Chronic Disease Control  
Attn: Peggy Gaddy  
920 Wildwood, PO Box 570  
Jefferson City, MO 65102-0570  
Phone: (573) 522-2876  
FAX: (573) 522-2898**

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Remit payment to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security #  
or Federal Tax ID #: \_\_\_\_\_

Please check the project and amount for this invoice:

\_\_\_ Sport Coaches Training: \$ \_\_\_\_\_

\_\_\_ Partnering with Parents: \$ \_\_\_\_\_

\_\_\_ School Asthma Improvement Recommendations: \$ \_\_\_\_\_

\_\_\_ Evaluation of New Health Literacy Materials \$ \_\_\_\_\_

\_\_\_ Indoor Environment Assessment \$ \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

=====  
\$ 700

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_