

Rural Medical Center
200 Northwoods Drive
Colby Jack, WI 55555

INVOICE

To:
Samantha Peck
Wisconsin Office of Rural Health
uwrspinvoices@rsp.wisc.edu
608-261-1891

3/8/2026

Invoice # This can be whatever the hospital chooses.

Purchase Order (P.O) Number: Found in contract with UW, "Funding Award Agreement 000000. ... "

*Service dates must be within grant period (June 1 - May 31).

DATES OF SERVICE	DESCRIPTION	AMOUNT
1/15/26*	HCAHPS Vendor Fees	\$16,000
3/8/26	- less amount not covered by grant	- \$3,556*
TOTAL DUE		\$12,444*
*Note SHIP award amount is different each year		
<input checked="" type="checkbox"/> Check if this is the FINAL invoice*		

*If expenses are greater than total due, please add a line to note this.

*Check FINAL Invoice box if listed expenses will spend remaining funds.

Remit Payment To:
John Doe
Rural Medical Center
200 Northwoods Drive
Colby Jack, WI 55555

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Signature of Authorized Official at the Hospital:



Jane Doe
CEO