

INVOICE

INVOICE # _____
DATE _____

FROM:

Name: _____
Address: _____
City, State, Zip: _____
FEIN or SSN: _____

TO:
Fairmont State University
1201 Locust Avenue
Fairmont, WV 26554

Description

Payment is requested in the amount of: \$ _____

For services rendered to Fairmont State University from:

Beginning Date of Service: _____

Ending Date of Service: _____

Description of Services Provided:

Vendor's Signature: _____

Department Approval:

Accounts Payable Approval:

I hereby certify that the above vendor has completed his/her indicated service during the dates indicated and authorize payment from the following account:

Fund _____ Org _____ Account _____

Travel Expenses to be reimbursed?

Yes No

PO/AGREEMENT # _____

Signature: _____
Date