University of Massachusetts /Amherst

Invoice

e*mpac
Enterprise Management and Performance Through Administrative Computing

DEPARTMENT: _____	Purchase Order #: _____
BUILDING: _____	Vendor's Code: _____
ATTN: _____	Invoice #: _____
	Date: _____

Name and Address Of Vendor:	Vendor's Certification: **I certify that the goods were shipped or the services Rendered as set forth below.** _____ (please sign in ink)

DESCRIPTION	AMOUNT

Acct:	Fund:	Dept. ID:	Prg: 000	Class:	Project/Grant

Date Goods Received:	Verified By:

Departmental Approval:

Original-Controllers Copy-Department

06/26/02