

Invoice

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

Name and Remit 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)
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DESCRIPTION	AMOUNT

Acct:	Speed Chart:	Fund:	Dept. ID:	Prg:	Class:	Project/Grant:
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Date Goods Received:	Verified By:
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Departmental Approval:
