

## University of Massachusetts / Amherst

## Extemprise Management and Performance Through Administrative Computing

## Invoice

<b>V</b>				T		
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	
Data Gas	ds Receive	M*		Verified	By:	
Date Goo	us Receive	ių.				
Departme	ntal Appro	val:				

Original-Controllers

Copy-Department