INVOICE

DATE: _____

PURCHASE ORDER NUMBER: _____

TO: (NAME OF SCHOOL) _____

VENDOR NAME: _____

VENDOR ADDRESS: _____
(PLEASE COMPLETE)

_____

MAKE CHECK PAYABLE TO: _____

DESCRIPTION OF SERVICES RENDERED: (MUST COMPLETE) _____

DATE SERVICES PERFORMED: (MUST COMPLETE) _____

TOTAL AMOUNT DUE: _____

VENDOR SIGNATURE: _____

SS#/FEDERAL TAX ID#: _____

I CERTIFY THAT THE ITEMS HAVE BEEN RECEIVED AS INDICATED:

SIGNATURE: _____