

INVOICE FOR SERVICES RENDERED

THIS FORM MUST BE COMPLETED IN FULL IN ORDER TO AUTHORIZE THE ISSUE OF PAYMENT.

Full Name: _____

Address: _____

City, State, Zip: _____

Date of Service: _____ Type of Service: _____

Amount: _____ Purchase Order Number: _____

Vendor Signature: _____ Date: _____

Director Signature: _____ Date: _____