

## **INVOICE FOR SERVICES RENDERED**



Purchase Order No: \_\_\_\_\_



Invoice No: \_\_\_\_\_



Acct No: \_\_\_\_\_

PAY TO:

(Name/Contractor) \_\_\_\_\_

(Street Address) \_\_\_\_\_

(City/State/Zip Code) \_\_\_\_\_

(Phone Number)\_\_\_\_\_ (Social Security or Tax I.D.) \_\_\_\_\_

Are you a Retiree under:                      STRS                      Yes ☐                      No ☐

PERS                      Yes ☐                      No ☐

PAY: \$ \_\_\_\_\_

FOR SERVICES RENDERED (Description of Services):

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DATE SERVICES RENDERED: \_\_\_\_\_

SIGNATURES:

(Provider of Services)

Date \_\_\_\_\_

(College/District Approval)

Date \_\_\_\_\_

(College/District Approval)

Date \_\_\_\_\_

Date Approved by Board of Trustees if the total cost exceeds \$14,999 for public projects or \$20,000 for other services.

INVOICE TO BE PROCESSED FOR PAYMENT AFTER COMPLETION OF SERVICES.  
PROCESSING TIME REQUIRED FOR PAYMENT IS APPROXIMATELY FOUR WEEKS.