# SERVICE INVOICE

**Vendor Name**

**Date**

**Street Address**

**Billed To**
California State University Dominguez Hills
Accounts Payable WH A-430
1000 E. Victoria Street
Carson, CA  90747

**City** **State** **Zip**

**Social Security Number**

**For** _____

**Date of Services or Delivery**

**City and State where service was performed**

**Vendor signature**
Please sign your name at it appears above

**Amount of Invoice**

AUTHORIZED UNIVERSITY REPRESENTATIVE

**Authorized signature**
I hereby certify that the services or item(s) described on this invoices have been provided and payment of same is in order, from the account number shown.

Requisition or P.O. Number

University Account Number

ACCOUNTING OFFICE USE ONLY

Vendor Number

Invoice Ref.

Date Ref.