INSTRUCTIONS

This form should be submitted to Procurement & Contracts with an Independent Contractor Checklist.

# SERVICE INVOICE

**Vendor Name**

**Date**

**Street Address**

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

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

**Description of service:**

**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.

PO or Requisition # (or attach Direct Buy/Pay form)

University Account Number