

PURCHASE INVOICE

[Institution Name]
[Department Name]
[Campus Address]
[Contact Email/Phone]

Invoice #: _____

Date: _____

PO Reference: _____

VENDOR / PAYEE

[Company Name]
[Tax ID / Business Reg]
[Address Line 1]
[City, State, Zip]

SHIP TO / DESTINATION

[Delivery Point/Loading Dock]
[Attention Person/Office]
[Building & Room Number]
[Internal Mail Code]

Item Description / Catalog #	Qty	Unit	Unit Price	Total

Item Description / Catalog #	Qty	Unit	Unit Price	Total
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Subtotal: \$0.00
 Tax / VAT: \$0.00
 Shipping/Handling: \$0.00

Total Amount: \$0.00

PROCUREMENT NOTES / FUNDING STRINGS

[GL Code: _____ / Grant #: _____]

Departmental Approval

Receiving Officer

Date

Terms: Net 30. Please remit payment via ACH/Wire Transfer citing the Invoice Number. For procurement inquiries, contact the Accounts Payable department.