INSTRUCTIONS

This form is required when service provider does not provide a formal invoice.
Must be completed and signed by service provider.
All first-time service providers must also submit a Vendor Data Record Std. 204 before payment can be issued.

SERVICE INVOICE

Vendor Name

Date

Street Address

City **State** **Zip**

Email address **Phone number**

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

Description of service:

☐ I am not an emlpoyee of the CSU system and have not been for at least 6 months.

Date of Services or Delivery

City and State where service was performed

Vendor signature
Please sign your name as 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 indicated in the PO requisition or Direct Pay form.

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

This form must be submitted with an Independent Contractor Checklist completed by the department.