

CALIFORNIA STATE UNIVERSITY, FULLERTON

INVOICE

DATE: _____

REFERENCE / P.O.# _____

PAYEE NAME: _____

PAYEE SIGNATURE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEAR	MONTH	SERVICE DATES	AMOUNT
	January		
	February		
	March		
	April		
	May		
	June		
	July		
	August		
	September		
	October		
	November		
	December		

TOTAL: _____

DESCRIPTION

Chart Field _____
Account (6) Fund (5) Department (5) Program (4) Class (5) Project (8)

Department Approval: _____ Date _____

Check Handling Instructions _____

Contact Name _____ Extension _____

Required Date _____