|  |  |  |
| --- | --- | --- |
|  INSTRUCTIONS  |  |  |
| This form is required when Sole Proprietor 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](https://www.csudh.edu/Assets/csudh-sites/accounting-services/docs/STD204.pdf?VENDOR%2BDATA%2BRECORD%2BSTD%2B204) before payment can be issued. |
|  **SERVICE INVOICE**  |
| **Vendor Name** |  |  | **Date** |
|  |  |  |  |
| **Street Address** |  |  | **Billed To** |
|  |  |  | California State University Dominguez Hills |
|  |  |  | Accounts Payable WH A-430 |
| **City** | **State** | **Zip** | 1000 E. Victoria Street |
|  |  |  | Carson, CA 90747 |
| **Email address** | **Phone number** |  |  |
| **Description of service:** |  |  |  |
| **Date of Services or Delivery** |  |  | **Service was provided:** Virtually/Remotely | In Person |
|  |  |  |  |
| **Vendor signature** |  |  | **Amount of Invoice** |
| Please sign your name as it appears above |
|  AUTHORIZED UNIVERSITY REPRESENTATIVE  |
| **Authorized signature** |  | PO*#* |
| I hereby certify that the services described on this invoices**have already been provided** and payment of same is in order, from the account number indicated in the PO. |

REV. 1/20/2023

***Accounts Payable***

*2020-07-28 11:11:26*

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Add signature using Fill & Sign tool. Please use DRAW or IMAGE option.

***Accounts Payable***

*2020-07-28 11:10:58*

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Add signature using Fill & Sign tool. Please use DRAW or IMAGE option so the signature can be validated against the Signature Authority on file for auditing purposes.