

CS1441

**ACCOUNTS PAYABLE
MINNESOTA STATE UNIVERSITY, MANKATO
236 WIGLEY ADMINISTRATION CENTER
MANKATO, MN 56001**

Purchase Order No. _____

INVOICE

(Check One)

Partial Payment

Final Payment

Invoice for the payment of the following goods or services:

DESCRIPTION	UNIT PRICE	AMOUNT
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Total _____

These goods were delivered or services performed on _____
Date(s)

I certify that the materials and/or services listed on this invoice have been received in satisfactory condition and quality, and payment therefore is recommended.

Authorized Departmental Signature

Date

I hereby certify that the materials or services listed hereon have been delivered, that this is my only original invoice, and is correct and just, and that no part of same has been paid.

Vendor _____

By _____

Date _____ Vendor must sign here

Name _____

Address _____

City and State _____

Social Security No. _____

OR Federal Tax I.D. No. _____

Distribution: White – Business Office
Yellow – Vendor
Pink – Department

Revised, Sept. 2002

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