CS1441
ACCOUNTS PAYABLE
MINNESOTA STATE UNIVERSITY, MANKATO
236 WIGLEY ADMINISTRATION CENTER
MANKATO. MN 56001

Purchase Or	rder No	

## **INVOICE**

(Check	One)
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Partial Payment

Final Payment Invoice for the payment of the following goods or services: **DESCRIPTION UNIT PRICE AMOUNT** Total These goods were delivered or services performed on 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 Vendor must sign here Date Name Address **Distribution:** White - Business Services Yellow - Vendor State and Zip Pink - Department Social Security No. **OR** Federal Tax I.D. No. February 2010