Accounts Payable Generic Invoice
University Form
California State University, Fresno
October 1999

INVOICE

FROM: _____ _____
(NAME) (DATE)

_____
(STREET)

_____
(CITY) (STATE) (ZIP)

_____
(SOCIAL SECURITY NUMBER:

TO: CALIFORNIA STATE UNIVERSITY, FRESNO
ACCOUNTING OFFICE
5150 NORTH MAPLE AVENUE M/S JA58
FRESNO, CA 93740-8026

PAYMENT IS REQUESTED FOR:

_____
(PURCHASE ORDER NUMBER.)
(If Available)

DESCRIPTION AMOUNT

TOTAL _____

CERTIFICATION:
I CERTIFY THAT TIES IS A TRUE AND JUST INVOICE FOR WHICH PAYMENT HAS NOT BEEN RECEIVED.

_____
(SIGNATURE)

(FOR DEPARTMENTAL USE ONLY)

DEPARTMENT APPROVAL: DEPARTMENT TELEPHONE NUMBER:

_____ _____ _____
(SIGNATURE) (TITLE) (DATE)

PEOPLESOFT CHARTFIELDS

Account	Fund	Org ID	Program	Sub-Class	Budget Yr