

SERVICE INVOICE

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](#) before payment can be issued.

Vendor Name

Date

Street Address

Billed To

California State University Dominguez Hills

Accounts Payable WH A-430

1000 E. Victoria Street

Carson, CA 90747

City

State

Zip

Email address

Phone number

Description of service:

Date of Services or Delivery

Service was provided:

Virtually/Remotely

In Person



Vendor signature

Please sign your name as it appears above

Amount of Invoice

AUTHORIZED UNIVERSITY REPRESENTATIVE



Authorized signature

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.

PO#