

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.

SERVICE INVOICE

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

City and State where service was performed



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#