INVOICE FOR SERVICES RENDERED

	VCCCD Purchase Order No			
REMIT TO:				
	(Vendor Name or Service Provider)			
	(Street Address)			
	(City/State/Zip Code)			
	(Phone Number)		(Social S	ecurity # or Tax I.D. #)
DESCRIPTION	ON OF SERVICES RENDE	:RE	D:	
INVOICE TOTAL FOR SERVICES:				(if hourly, complete details below)
REIMBURSEMENT EXPENSE:			(Attach Original Receipts)	
	TOTAL:	\$.		
DATE	# HOURS WORKED		HOURLY RATE	TOTAL DAILY AMOUNT
		_		
			ТОТА	L
SIGNATURE	S:			
(Vendor Name or Service Provider)				Date
(VCCCD Authorized Signature)				Date

AN AUTHORIZED PURCHASE ORDER IS REQUIRED PRIOR TO SHIPPING ITEMS OR BEGINNING SERVICES WITH THE VENTURA COUNTY COMMUNITY COLLEGE DISTRICT. INVOICE TO BE PROCESSED FOR PAYMENT AFTER COMPLETION OF SERVICES. COMPLETE INFORMATION IS REQUIRED FOR PAYMENT. ORIGINAL, ITEMIZED RECEIPTS MUST BE ATTACHED FOR ALL EXPENSE REIMBURSEMENT BEING REQUESTED.