UNIVERSITY OF LOUISVILLE

Department of Purchasing

Department of Purchasing	Date	
INVOICE/RECEIVING REPORT	Purchase Order No Invoice Number Invoice Date Vendor ID	
FOR		
TECHNICAL SERVICES AND		
CONSTRUCTION CONTRACTS		
VENDOD		rom:
VENDOR		
		To:
	Account Number	
	Amount Disbursed	
PROJECT TITLE		
	PARTIAL PAYMEN	T FINAL PAYMENT
DESCRIPTION		AMOUNT
Vendor's Certification I hereby certify that the work and/or services specified above have been furnished and received by the University of Louisville in accordance with the provisions of the above referenced contract.	TOTAL	
	Firm Name or Contractor	
	Signature	
Approved	Circatura	
Construction Manager – Firm Name	Signature	Date
Approved Architect – Firm Name	Signature	Date
Approved		1/08
Department of Planning, Design, and Construction	Date	