

## **GENERIC INVOICE PROCUREMENT & SUPPORT SERVICES**

Accounts Payable - One Washington Square - San José, CA 95192-0041

408-924-1681 - 408-924-1698 (fax)

This form is generally used for personal reimbursements and to pay stipends, lecturers, and honorariums. Faculty and staff requesting a personal reimbursement must provide their home (not work) address. Please complete form, print and sign. Attach any receipts or documentation and forward to Accounts Payable.

nvoice li						
Invoice/Reand date of		ımber ( if no number use f	rst 4 letters of last name			
If this invo	ice is for se	ervices, indicate where ser	vice was performed.   California  Other			
Date of Se	ervice:					
Purpose:	_					
Pay To:			Campus Contact:			
Name:			Donortmont:			
Hama Addraga:			Name:	Name:		
City	<u> </u>					
-			<del></del>			
State:	IIS citizon	Zip: or permanent resident?	Phone:			
Yes [		or pormanent resident!				
tem Des Quantity:	Unit:	Description:	Unit I	Price:	Extension:	
Quantity:	Unit:	Description:	Unit I	Price:	Extension:	
Quantity:	Unit:	Description:	Unit I	Price:	Extension:	
			<u> </u>	Sub-Total:		
				Tax:		
				Freight:		
			Oth	_		
			Othe	er Charges:		
				Total:		
Authoriza						
I hereby c	ertify that th	ne services/goods above v	vere obtained specifically for San José State	University bus	siness.	
Requestor Signature:  Approving Official <sup>1</sup> Name:			Date:			
			Title: _			
Approving	Official Sig	gnature:	Date: _			

Approving Official must be an MPP.
 Vice President approval is only required when expense relates to wireless equipment/accessories.