INVOICE FOR SERVICES RENDERED

VCCCD F	Purchase	Order	No
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REMIT TO:	(Vendor Name or Service Provider)					
	(Street Address)					
	(City/State/Zip Code)					
	(Phone Number)			(Social Security # or Tax I.D. #)		
DESCRIPTIO	ON OF SERVICES RENE	DERED:				
NVOICE TO	TAL FOR SERVICES:	\$	(if h	ourly, complete details below)		
REIMBURSEMENT EXPENSE:		\$	(Attach Original Receipts)			
	TOTAL:	\$				
DATE	# HOURS WORKE	D HOURLY R	ATE	TOTAL DAILY AMOUNT		
			TOTAL			
SIGNATURE	ES:		TOTAL			
Vendor Name	or Service Provider)			Date		
VCCCD Autho	rized 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 <u>AFTER</u> COMPLETION OF SERVICES. COMPLETE INFORMATION IS REQUIRED FOR PAYMENT. ORIGINAL, ITEMIZED RECEIPTS MUST BE ATTACHED FOR ALL EXPENSE REIMBURSEMENT BEING REQUESTED.