

INVOICE FOR SERVICES RENDERED

VCCCD Purchase Order No. _____

REMIT TO: _____
(Vendor Name)

(Street Address)

(City/State/Zip Code)

(Phone Number)

(Social Security # or Tax I.D. #)

INVOICE TOTAL: \$ _____

DESCRIPTION OF SERVICES RENDERED: _____

DATE AND HOURS OF SERVICES RENDERED: _____

SIGNATURES:

(Independent Contractor) Date

(VCCCD Program Administrator) Date

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