# INVOICE FOR SERVICES RENDERED

VCCCD Purchase Order No. _____

REMIT TO: _____
(Vendor Name or Service Provider)

_____
(Street Address)

_____
(City/State/Zip Code)

_____ _____
(Phone Number) (Social Security # or Tax I.D. #)

DESCRIPTION OF SERVICES RENDERED: _____

_____

INVOICE TOTAL FOR SERVICES: $ _____ (if hourly, complete details below)

REIMBURSEMENT EXPENSE: $ _____ (Attach Original Receipts)

TOTAL: $ _____

| DATE | # HOURS WORKED | HOURLY RATE | TOTAL DAILY AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL | 0 |

SIGNATURES:

_____
(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.

District-Wide Form No. 14011
Revised 06/2012