



P.O. Box 720130,
San Jose, CA 95172-0130

INVOICE# _____

INVOICE/CHECK REQUEST

Type of Service(check one): Independent Contractor Consultant Lecturer

MAKE CHECK PAYABLE TO (Name of person rendering service): Name: _____ Home Address : _____ State: _____ Zip Code: _____ Social Security Number : _____	VENDOR# _____
The following information is provided in accordance with the Privacy Act of 1972: The internal Revenue Code requires that individuals provide their Social Security Number for proper identification and processing (section 6109 and the Regulations thereto.) of Form 1099.	

Acct. No. _____
 Agreement No. _____

Delivery Instructions:
 Mail
 Hold for Pickup
 Call for Pickup _____

	AUTHORIZATION	DATE
A/P	_____	_____
C&G	_____	_____
PMT	_____	_____
Cat. No.	_____	_____

SERVICE, AS OUTLINED IN AGREEMENT, WAS PERFORMED ON (dates) : _____

If the nature of the services performed was significantly different than those described in the Agreement for Services, or if partial payment is requested, describe in detail:

If written reports specified in Agreement, attach copies hereto.

*Fee computed at \$ _____ per _____	=\$	_____
Travel or other expenses (attach original receipts)	=\$	_____
Total Amount Due	=\$	_____

* An IC/Consultant/Lecturer who is on the payroll of the Foundation during a tax year, or who anticipates being on the payroll, will be paid through the payroll system of the Foundation. A W4 should be on file or accompany check request.

Certification of Payee: I certify that the services were performed on the date(s) specified, and the fees, wages, or expenses have not been claimed for the above time or services from the federal government, the University, the Foundation or any other source. Signature : _____ Date : _____	Certification of Project Director: I certify that the costs for this transaction are reasonable and allowable. Signature : _____ Date : _____
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SJSU FOUNDATION ACCOUNT USE ONLY					
TRANS TYPE	GROSS	TAXABLE AMOUNT	ACCOUNT#	OBJECT CODE	DIS. AMOUNT