

Account Number  
to be charged \_\_\_\_\_

**SERVICES INVOICE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Social Security or Federal ID Number

To: California State Polytechnic University, Pomona  
3801 West Temple Avenue  
Pomona, California

\_\_\_\_\_  
Date

Type of Services Rendered

For services rendered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on \_\_\_\_\_ \$ \_\_\_\_\_

I hereby certify that the services as described on this invoice have been rendered and payment of same is in order.

IMMEDIATE PAYMENT REQUIRED

\_\_\_\_\_  
Signature of Authorized University Employee

\_\_\_\_\_  
Signature

(Please sign as your name appears above.)