

Department of Psychology Consultant Invoice

Vendor Info:

Name:

Address:

Phone #

Invoice Date:

Invoice #:

Bill To:

Dates of Service:

Work Performed:

Amount Due:

Final Invoice:

Vendor Signature:

Vendor do not write below this line

UNIVERSITY OF MARYLAND CODE 36.02.00	VENDOR # _____ P.O. # _____ INV. # _____ AMOUNT _____ INV DATE _____ DUE DATE _____ INVOICE REC DATE _____ ENCLOSURE DATE _____ PMT TYPE F P
DEPT _____ REQ# _____ ACCOUNT# SUBCODE	VOUCHER # _____ BY: _____ BY: _____ DATE: _____
Price and quantity correct. Material received. Payment approved. Previous payment has not been requested for items included in this invoice.	
A/P Approval: Date: _____ Dept. Approval: Date: _____ Department Please Indicate Date Goods/Services Received	

PI Approval

In signing below I approve payment of this invoice and attest that the charges appear reasonable, and progress to date on this project is satisfactory and in keeping with the statement of work.

Name

Date

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