REMIT TO:
Consultant Name:

Address:

INVOICE

INVOICE #:
DATE:

BIL University of Denver
Office of Research and Sponsored Programs
2199 S. University Blvd
Denver, CO 80208

AGREEMENT #	PURCHASE ORDER #	PAYMENT TERMS
		Due on receipt

DATE(S) OF SERVICE	DESCRIPTION	RATE PER HOUR	AMOUNT
		TOTAL DUE	

I certify that services have been provided/completed as described above._____

Signature of Consultant

I approve payment of this invoice: _____

Signature of PI

Get more from http://www.getforms.org