

GENERAL INVOICE

PAYOR (NAME/ADDRESS)

SLIPPERY ROCK UNIVERSITY
ACCOUNTS PAYABLE
002 OLD MAIN
SLIPPERY ROCK, PA 16057
Phone 724 738-2025

PAYEE (NAME /ADDRESS)

Name _____
Address _____

Phone No. _____

PURCHASE ORDER #: _____

DATE	DESCRIPTION OF SERVICE	QUAN	UNIT PRICE	AMOUNT
_____	_____	_____	_____	_____

I certify that the above expenses, services, materials or products were actually incurred, rendered or furnished for the use of Slippery Rock University of Pennsylvania, and that the above prices charged were fair and reasonable.

Director or Dean

Date