

# Invoice

Date: \_\_\_\_\_

PO#: \_\_\_\_\_  
(If applicable)

To: California State University, Sacramento  
6000 J Street  
Sacramento, CA 95819

Payee Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_  
State : \_\_\_\_\_ Zip \_\_\_\_\_

Amount : \$ \_\_\_\_\_

Reason for payment/reimbursement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee Signature \_\_\_\_\_

Department: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Department Contact: \_\_\_\_\_ Ext: \_\_\_\_\_

Approval Signature \_\_\_\_\_  
(Must be listed in "Signature Authorization" in CMS) [http://www.csus.edu/irt/acs/forms/CMS\\_FIN\\_Request.pdf](http://www.csus.edu/irt/acs/forms/CMS_FIN_Request.pdf)

Approver's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_