

# Vendor's Invoice

Bill to: Pierpont Community & Technical College  
1201 Locust Avenue  
Fairmont, WV 26554

From: \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (City, State, Zip)  
\_\_\_\_\_ (FEIN or SSN)

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

For Vendor Use:

Payment is requested in the amount of \$ \_\_\_\_\_ for professional services rendered to Pierpont Community & Technical College from \_\_\_\_\_ to \_\_\_\_\_ in connection with agreement number \_\_\_\_\_.

Description of Services Provided: \_\_\_\_\_

Vendor's Signature: \_\_\_\_\_

Pierpont Community & Technical College Departmental Use Only:

"I certify that the above vendor has completed his/her indicated service to Pierpont during the dates indicated and hereby authorize payment."

Date: \_\_\_\_\_ Departmental Signature: \_\_\_\_\_

Agreement Number: \_\_\_\_\_ Fund \_\_\_\_\_ Org \_\_\_\_\_ Acct \_\_\_\_\_

Travel Expenses are to be reimbursed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Return Check to Pierpont? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pierpont Community & Technical College Procurement Office Use Only:

Due Date: \_\_\_\_\_ Date Invoice Received \_\_\_\_\_

Check Category: \_\_\_\_\_ A/P Signature \_\_\_\_\_

Original WV48 Agreement on: \_\_\_\_\_