San José State
UNIVERSITY
FOUNDATION

SJSU Foundation no longer provides invoice forms. Independent Contractors and Vendors should submit their own invoices for payment processing.

For the most common invoice example, please see next pages.

INVOICE # 039127

San José State UNIVERSITY FOUNDATION

210 N. Fourth St., 4th Floor
San Jose, CA 95112
Phone: 408.924.1400 • Fax: 408.924.1499

INVOICE / CHECK REQUEST

Type of Service (check one): ☐ Independent Contractor ☐ Consultant ☐ Lecturer

MAKE CHECK PAYABLE TO (Name of person rendering service): PEID #

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

The following information is provided in accordance with the Privacy Act of 1974:
Th1e internal Revenue Code requires that individuals provide their Social Security Number for proper identification and processing (section 6109 and the Regulations thereto.) of Form 1099.

Acct. No. _____

Agreement No. _____

Delivery Instructions: ☐ Mail
☐ Mail Intercampus
☐ Hold for Pickup _____

AUTHORIZATION		DATE
A/P	_____	_____
ANALYST	_____	_____
PMT	_____	_____

Cat. No. _____

SERVICE, AS OUTLINED IN AGREEMENT, WAS PERFORMED ON (dates): _____

If the nature of the services performed was significantly diff[illegible] th[illegible] esc[illegible] th[illegible] Agreement for Services, or if partial payment is requested, describe in detail: _____

DISCONTINUED

If written reports specified in Agreement, attach copies hereto.

*Fee computed at $_____ per _____ = $ _____

Travel or other expenses (attach original receipts) = $ _____

Total Amount Due = $ _____

*An IC/Consultant/Lecturer who is on the payroll of the Foundation during a tax year, or who anticipates being on the payroll, will be paid through the payroll system of the Foundation. A W4 should be on file or accompany check request.

Certification of Payee:
I certify that the services were performed on the date(s) specified, and that fees, wages, or expenses have not been claimed for the above time or services from the federal government, the University, the Foundation or any other source.

Signature: _____

Date: _____

Certification of Project Director:
I certify that the costs for this transaction are reasonable and allowable.

Signature: _____

Date: _____

SJSU FOUNDATION ACCOUNTING USE ONLY

QTY/ TAXABLE AMT	ACCOUNT # / OBJ CODE	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	MISC CODE	NON-TAX SHIPPING

INVOICE

From:

Invoice No.:
Invoice Date:

To:

Description	PO/Ref. #	Amount

TOTAL AMOUNT DUE_____

----------PLEASE RETURN THIS PORTION WITH YOUR PAYMENT----------

Make Checks Payable & Mail to:

Total Payment: _____

Invoice No:
Invoice Date: