

INVOICE

Invoice# (if applicable): _____

Invoice Date: _____

PSA# (If Applicable): _____

Purchase Order# (If Applicable): _____

EMAIL INVOICE AND DISBURSEMENT FORM TO:

AP@CCSU.EDU

Accounts Payable

Central Connecticut State University

1615 Stanley Street

New Britain, CT 06053

Payee/Vendor's Name:

Payee/Vendor's Address:

COMMENTS OR SPECIAL INSTRUCTIONS:

QUANTITY	DESCRIPTION & DATE OF SERVICE	UNIT PRICE	TOTAL
		\$	\$
TOTAL DUE			\$

Thank you!