

VENDOR'S INVOICE

DEPARTMENT West Virginia University at Parkersburg

ADDRESS 300 Campus Drive, Parkersburg, WV 26104

NAME OF VENDOR _____

ADDRESS _____

FUND _____ ACCT. NO _____ VOUCHER NO _____ CHECK NO. _____

PURCHASE ORDER NO _____

DATE OF INSTITUTION _____

INVOICE _____

DATE SHIPPED _____

HOW SHIPPED _____

TERMS _____

STATEMENT OF VENDOR'S ACCOUNT

I HEREBY CERTIFY THAT THE ABOVE IS JUST, DUE AND OWING.

Per _____

Vendor's Signature