INVOICE

COMPANY NAME

STREET ADDRESS CITY, STATE ZIPCODE PHONE EMAIL

TO: California State University San Marcos Attn: Accounts Payable 333 S. Twin Oaks Valley Road San Marcos, CA 92069 accountspayable@csusm.edu INVOICE #: DATE:

Purchase Order (PO) #: FOR:

Description		Amount	
Total:			

Payment Terms: Net 30

Make all checks payable to:

Contact information for questions concerning this invoice:

NAME PHONE EMAIL