INVOICE

TO:

TO:	CALIFORNIA STATE UNIVERSITY, FRESNO ACCOUNTING OFFICE 5150 NORTH MAPLE AVENUE M/S JA 58 FRESNO, CA 93740-8026					
Date:						
FROM:	(NAME) (Please Print)					
	(STREET)					
	(CITY)	(STATE)	(ZIP)			
Date(s)		MBER, if available)			<u>AMOUNT</u>	
				· ·		
			TOTAL			
	FICATION: FY THAT THIS IS A TR	UE AND JUST INVOICE	E FOR WHICH PAY	YMENT HAS	S NOT BEEN RECEIVE	D.
PAYE	E'S SIGNATURE					