



**SAN JOSÉ STATE  
UNIVERSITY**

**GENERIC INVOICE  
PROCUREMENT & SUPPORT SERVICES**

Accounts Payable – One Washington Square – San José, CA 95192-0041

408-924-1681 – 408-924-1698 (fax)

*This form is generally used for personal reimbursements and to pay stipends, lecturers, and honorariums. Faculty and staff requesting a personal reimbursement must provide their home (not work) address. Please complete form, print and sign. Attach any receipts or documentation and forward to Accounts Payable.*

**Invoice Information**

Invoice/Reference Number ( if no number use first 4 letters of last name and date of service): \_\_\_\_\_

If this invoice is for services, indicate where service was performed.  California  Other

Date of Service: \_\_\_\_\_

Purpose: \_\_\_\_\_

<p><b>Pay To:</b></p> <p>Name: _____</p> <p>Home Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Are you a US citizen or permanent resident?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Campus Contact:</b></p> <p>Department: _____</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
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**Item Description**

Quantity:	Unit:	Description:	Unit Price:	Extension:
Quantity:	Unit:	Description:	Unit Price:	Extension:
Quantity:	Unit:	Description:	Unit Price:	Extension:
Quantity:	Unit:	Description:	Unit Price:	Extension:

Sub-Total:	_____
Tax:	_____
Freight:	_____
Other Charges:	_____
Total:	_____

**Authorization**

*I hereby certify that the services/items above were obtained specifically for San José State University business.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_