

Finance – One Washington Square – San José, CA 95192-0008

Main: 408-924-1558 Fax: 408-924-1892

*This form is used in conjunction with [Direct Payment and Employee/Student Reimbursement](http://www.sjsu.edu/finance/financeconnect/resources/pathways/index.html)<sup>1</sup> requests to provide additional information for supporting documents (i.e. receipts, invoices, request for payment of stipends, and guest speakers). Upload this form along with supporting documents for your request in [Financial Transaction Services](http://my.sjsu.edu/generic_invoice.doc)<sup>2</sup> (FTS). **Note:** The Generic Invoice is not required when supporting documents alone provide adequate information to process the request.*

## I. Requester/Campus Contact

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Department: \_\_\_\_\_

## II. Invoice Information

Invoice/Reference Number  
(If no number, use the first 4 letters of payee's last name and date of service.): \_\_\_\_\_  
If this invoice is for services, indicate where service was performed: California Other  
Date(s) of Service: \_\_\_\_\_  
Purpose: \_\_\_\_\_

## III. Pay To (Payee)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address  
(number, street, city, state, zip): \_\_\_\_\_  
University Affiliation: Employee Student Other

## IV. Item Description (Complete a line for each receipt to reimburse, or total fee for service.)

| Service | Goods | Description | Amount |
|---------|-------|-------------|--------|
|         |       |             |        |
|         |       |             |        |
|         |       |             |        |
|         |       |             |        |

**Grand Total:** \_\_\_\_\_

## V. Certification/Requester Authorization

I hereby certify that the above goods/services were provided or obtained specifically for San José State University business.

Payee/Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> <http://www.sjsu.edu/finance/financeconnect/resources/pathways/index.html>

<sup>2</sup> <http://my.sjsu.edu/>