CONTRACTOR INVOICE

Date: _____

Invoice #: _____

Contract #: _____

Contractor Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

EASTERN WASHINGTON UNIVERSITY

Department: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

DESCRIPTION	AMOUNT
SUBTOTAL	$ 0.00
TAX	
TOTAL	$ 0.00

Make check payable to: _____

Contractor Signature: _____

EWU Use Only

Dept. Contact: _____ Phone: _____ Email: _____

Index: _____ $: _____ Approval: _____

Index: _____ $: _____ Approval: _____

Index: _____ $: _____ Approval: _____