



MARSHALL UNIVERSITY INVOICE

INVOICE #: _____

Vendor: _____

Date: _____

Contact: _____

Phone: _____

BANNER INFORMATION

FUND	ORGN	ACCOUNT

DESCRIPTION OF CHARGES	QTY	UNIT PRICE	TOTAL

TOTAL

Customer: _____

Phone: _____

Contact: _____

BANNER INFORMATION

ENC#	FUND	ORGN	ACCOUNT	AMOUNT

TOTAL

Goods Received Date: _____

Received/Authorized for Payment by: _____

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Signature	Date	

		Page of
Signature	Date	