ATTACHMENT 1

SERVICE AGREEMENT

INVOICE

AGREEMENT #:

VENDOR NAME:

To be completed by VENDOR

DATE

INVOICE#

DATE(S) OF SERVICE:

RATE OF **PAY:**

VENDOR CONTACT:

VENDOR CONTACT EMAIL:

VENDOR **ADDRESS:**

VENDOR PHONE NUMBER:

To be completed by **Department**

FUND:

PI:

AGREEMENT Effective Dates:

AGREEMENT AMOUNT:

Final YES ☐ **NO** ☐

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Please provide a brief description of service(s) with charge(s)			
If payment is hourly, list each day with appropriate number of hours charged			-
			-
			-
			-
			-
			-
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			-
			-
			-
			-
			-

I certify to the best of my knowledge and belief that this report is *correct and complete and that all outfays are for the purposes set forth in the award documents*

TOTAL AMOUNT DUE S

Signature _____ *Date* _____

Approved by:

_____ _____

Project Director's Signature *Date*

9/8/2026