## **ATTACHMENT 1**

AGREEMENT #:
VENDOR NAME:

## SERVICE AGREEMENT INVOICE

To be completed by VENDOR		DATE			
DATE(S) OF SERVICE:		INVOICE #			
RATE OF PAY:	To be completed by MARSHALL UNIVERSITY RESEARCH CORP.			Final YES	NO
: VENDOR CONTACT:		LKOITT KLOLP	AKCII COKI .		
VENDOR CONTACT EMAIL:	FUND:				
VENDOR ADDRESS:	PI:				
VENSOR ADDRESS.	AGREEMENT POP:				
VENDOR PHONE NUMBER:	AGREEMENT AMOL	JNT:			
DESCRIPTION		QUANTITY	UNIT PRICE	1	AMOUNT
Please provide a brief description of service(s) with charge(s)		QUARTITI	ONITTRICE	+	AWOON
Thease provide a brief description of service	ce(3) with charge(3)				
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I certify to the best of my knowledge and belief the complete and that all outlays are for the purposed documents		d TOTA	L AMOUNT DU	E \$	
Signature	Date	_			
Approved by:					
Project Director's Signature	 Date				