

# SERVICE AGREEMENT INVOICE

AGREEMENT #:

VENDOR NAME:

To be completed by VENDOR

DATE(S) OF SERVICE:

RATE OF PAY:

VENDOR CONTACT:

VENDOR CONTACT EMAIL:

VENDOR ADDRESS:

VENDOR PHONE NUMBER:

DATE

INVOICE #

To be completed by

Final YES

NO

MARSHALL UNIVERSITY RESEARCH CORP.

FUND:

PI:

AGREEMENT POP:

AGREEMENT AMOUNT:

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Please provide a brief description of service(s) with charge(s)			-
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*I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays are for the purposes set forth in the award documents*

**TOTAL AMOUNT DUE \$**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
*Project Director's Signature*

\_\_\_\_\_  
*Date*