INVOICE

COMPANY NAME

STREET ADDRESS   INVOICE #:
CITY, STATE ZIPCODE   DATE:
PHONE
EMAIL

TO: Purchase Order (PO) #:
California State University San Marcos   FOR:
Attn: Accounts Payable
333 S. Twin Oaks Valley Road
San Marcos, CA 92069
accountspayable@csusm.edu

Description	Amount
Total:	

Payment Terms: Net 30

Make all checks payable to:

Contact information for questions concerning this invoice:

NAME
PHONE
EMAIL