

INVOICE

Vendor Number: _____

Vendor Name: _____

Contract Number: _____

Print your name and address as it appears in your contract. Checks will be made payable to the name listed on the contract only.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Invoice Date: _____

Invoice Number: _____

For Admin Use Only

Shopping Cart Number: _____

PO Number: _____

Goods Receipt Number: _____

BILL TO: Senior Center Name: _____

City of Phoenix Human Services Department, Community and Senior Services Division

Senior Center Street Address: _____

Phoenix, AZ, Senior Center Zip Code: _____

Senior Center Contact Name: _____

| SERVICE DATE | DESCRIPTION OF SERVICE | HOURS OF SERVICE | COST PER HOUR | TOTAL |
|--------------|------------------------|------------------------------|-------------------------|----------------------------|
| | | to total hours of service | _____ (per contract) | _____ |
| | | to total hours of service | _____ (per contract) | _____ |
| | | to total hours of service | _____ (per contract) | _____ |
| | | to total hours of service | _____ (per contract) | _____ |
| | | to total hours of service | _____ (per contract) | _____ |
| | | | | TOTAL COST _____ |

For Office Use Only:

Amount: _____

Cost Center: _____

GL: _____

Instructions: _____

Contract #: _____

Submitted by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Date invoice received: _____

Vendor Signature: _____ Date: _____